



Project CLEAR: Choosing Life: Empowerment, Action, Results!

**A one-on-one intervention with youth and adults
living with HIV/AIDS**

Implementation Manual

The University of California, Los Angeles
Center for Community Health
Semel Institute for Neuroscience and Human Behavior
Mary Jane Rotheram-Borus, Ph.D.
Lee E. Klosinski, Ph.D.

We acknowledge the support for the development of this product provided by the Centers for Disease Control and Prevention (CDC) through cooperative agreement #200-2004-09778.

ACKNOWLEDGEMENTS:

We would like to acknowledge the assistance of the following people in preparing this guide:

University of California, Los Angeles – Semel Institute Center for Community Health

Carla Elia, Ph.D.; Jenny Uyei, M.P.H.; John Payne, M.P.P.; Dallas Swendeman, M.P.H.; Mark Etzel, M.P.P.



Project CLEAR:
Choosing Life: Empowerment, Action, Results!

Implementation Manual

This page intentionally left blank.

Table of Contents

Project CLEAR Implementation Manual – At a Glance	2
Introduction and Overview	2
Core Skill Sessions	2
Menu Sessions	2
Wrap-Up Session	2
Appendices.....	2
Icons Used in the Implementation Manual	3
Feeling Thermometer	3
F-T-D Grid	3
SMART Problem-Solving.....	3
Goal Setting	3
Relaxation Activity	3
Role-Play.....	3
Benefits of Prevention with People Living with HIV/AIDS	4
Introduction to Project CLEAR	4
Background.....	4
Research on Project CLEAR.....	6
Modifications to Project CLEAR.....	6
Goals of Project CLEAR	7
Underlying Theory and Principles	7
Core Elements of Project CLEAR	8
Feel-Think-Do (F-T-D) Framework	8
F-T-D Grid	8
Feeling Thermometer.....	9
Short- and Long-Term Goal Setting	10
SMART Problem-Solving	10
Assertive Behavior and Communication	11
Ideal Self	11
The Core Elements in Action – A Case Study	11
Use of Role-Plays in Project CLEAR	12
Key Characteristics of Project CLEAR	13
Pre-Implementation	14
Developing a Community Advisory Group	14
Conducting a Needs Assessment	14
Agency Capacity Issues	14
Buy-In	14
Stakeholders.....	15
Budget	18
Cost Sheet	18
Categories for Provider Costs to Implement the Project CLEAR Intervention.....	19
Notes on Categories for Provider Costs.....	20
Counselor Selection	20

Clinical Supervision	21
Additional Tips on Conducting Project CLEAR Clinical Supervision.....	23
Counselor Responsibilities	24
Knowledge of the Intervention and Implementation Guidelines.....	24
Conduct Ongoing Assessment	26
Deliver the Intervention with a Client-Centered Approach	26
Create “Buy-In” and Motivate Commitment to Project CLEAR and Behavior Change.....	26
Establish Appropriate Boundaries.....	28
Overall, Counselors Should Have the Ability to Assess the Following Areas Regarding Clients	29
A Typical Counselor Workload.....	29
Determine Client Eligibility for Participation in Project CLEAR.....	30
Educate Referral Sources on Who is Appropriate for Project CLEAR	30
Recruit Clients	30
Address Client Retention	31
Utilize Incentives	31
Determine Attendance Policy	32
Develop Resource Packet	32
Secure Physical Space and Atmosphere	33
Materials	33
Pre-Implementation Checklist	33
Implementation of Sessions.....	34
Menu Selection	34
Evaluating Project CLEAR	35
Process Monitoring.....	35
Process Evaluation.....	35
Outcome Monitoring.....	36

CLEAR Core Skill Sessions

CLEAR: Core Skill Session 1

Required Materials: Core Skill Session 1

CLEAR: Core Skill Session 2

Required Materials: Core Skill Session 2

CLEAR: Core Skill Session 3

Required Materials: Core Skill Session 3

CLEAR: Core Skill Session 4

Required Materials: Core Skill Session 4

CLEAR: Core Skill Session 5

Required Materials: Core Skill Session 5

CLEAR Menu Sessions

Sexual Risk Session 1: Understanding Why I Have Unsafe Sex

Required Materials: Sexual Risk Session 1

Sexual Risk Session 2: How to Use Condoms (Correctly)

Required Materials: Sexual Risk Session 2

Sexual Risk Session 3: Can I Influence My Partner To Use Condoms?

Required Materials: Sexual Risk Session 3

Sexual Risk Session 4: Can I Influence My Partner To Engage in Safer Sex?

Required Materials: Sexual Risk Session 4

Sexual Risk Session 5: How Do I Refuse Unsafe Sex?

Required Materials: Sexual Risk Session 5

Sexual Risk Session 6: Should I Disclose My Status To My Sexual Partner(s)?

Required Materials: Sexual Risk Session 6

Substance Use Risk 1: Setting A Foundation For Change

Required Materials: Substance Use Risk Session 1

Substance Use Risk 2: What Are My External Drug and Alcohol Triggers?

Required Materials: Substance Use Risk Session 2

Substance Use Risk 3: What Are My Internal Drug and Alcohol Triggers?

Required Materials: Substance Use Risk Session 3

Substance Use Risk 4: What Will Help Me Achieve My Goal Around Injection Drug Use?

Required Materials: Substance Use Risk Session 4

Substance Use Risk 5: Drugs, Alcohol, and HIV

Required Materials: Substance Use Risk Session 5

Adherence 1: Understanding My Medications and Adherence

Required Materials: Adherence Session 1

Adherence 2: What Affects The Way I Take My Medications?

Required Materials: Adherence Session 2

Adherence 3: How Can I Discuss Medications with My Health Care Provider?

Required Materials: Adherence Session 3

Stigma 1: How Can I Cope With Internal Stigma?

Required Materials: Stigma Session 1

Stigma 2: How Can I Deal With External Stigma?

Required Materials: Stigma Session 2

CLEAR Menu Sessions - *continued*

Disclosure 1: Should I Disclose My Status?

Required Materials: Disclosure Session 1

Disclosure 2: When and How Should I Disclose My HIV Status?

Required Materials: Disclosure Session 2

Health Care 1: Motivation For Change: Wanting To Stay Healthy

Required Materials: Health Care Session 1

Health Care 2: Attending Health Care Appointments

Required Materials: Health Care Session 2

Health Care 3: Partnering In My Care and Treatment

Required Materials: Health Care Session 3

Wrap Up

Required Materials: for Wrap Up

Appendices

Appendix A

Citations of Articles on Original Research

Appendix B

Recruitment of Clients

Appendix C

Suggestions for Handling Challenging Behaviors

Appendix D

Sample Outcome Monitoring Form and Project **CLEAR** Pre- and Post-Inventory Survey

Appendix E

CDC Information and Guidelines

Intended Audience for the Implementation Manual

This Implementation Manual was developed as a guide for agencies implementing **Project CLEAR**, an intervention with youth and adults living with HIV/AIDS.

The staff of agencies implementing **Project CLEAR**, including the Program Manager, Clinical Supervisor, and Counselors, can use this manual to help them conduct the intervention.

Organization of the Implementation Manual

The *Project CLEAR Implementation Manual* contains the essential material for conducting the intervention with youth and adults with HIV/AIDS. The *Implementation Manual* begins with an Introduction and Overview, which serves as an orientation to **Project CLEAR**. In this section, we briefly describe how the intervention was developed and how research determined its effectiveness. We also explain how **Project CLEAR** was modified during the translation and packaging process, discuss underlying theory and principles of the intervention and explain the core elements and key characteristics. Additionally, the Introduction and Overview describes how to conduct the intervention sessions, including: advice on preparing for sessions, specific guidelines for Counselors, progression of clients through the **Project CLEAR** program, distinction between core skill sessions versus menu sessions, and recommendations regarding selection of menu sessions. Information on evaluating the intervention, including an evaluation plan, process and outcome monitoring methods, and sample instruments, are also addressed.

The Introduction and Overview is followed by the five core skill session guides and the 21 menu session guides, respectively, concluding with the wrap-up session. Both the core skill and menu sessions have the same format. Session guides are prominently labeled with the session name and session number. Each session guide contains a statement of the aims for that session and a summary of the activities conducted in the session, along with the estimated duration of each activity. Session guides contain a full script and detailed instructions for the specific activities in that session. Instructions to the Counselor appear in regular text. In each session script, **bold** text indicates that the Counselor should read or convey the information to the clients. The appendix of each script contains the handouts used in that session.

The appendices in the *Implementation Manual* contain citations of research on **Project CLEAR** in professional journals, information on recruitment of clients, suggestions for handling challenging behaviors, a sample outcome monitoring form, pre- and post-intervention surveys, and CDC Information and Guidelines.

Agencies will need to provide additional materials to implement **Project CLEAR**. These include male and female condoms for demonstrating their correct use, a client workbook, and an assortment of collage materials. Session guides contain lists of required materials for each meeting.

Project CLEAR Implementation Manual – At a Glance

Introduction and Overview

- A brief overview of the intervention, the science behind it, its core elements, and its key characteristics.
- A discussion of capacity issues related to implementing agencies, including a stakeholder’s checklist, and a budget with cost sheet.
- Guidelines on implementing the intervention.
- Information on evaluating the intervention, including an evaluation plan, process and outcome monitoring methods, and sample instruments.

Core Skill Sessions

- Session guides and Counselors’ notes.
- Implementation materials.

Menu Sessions

- Session guides and Counselors’ notes.
- Implementation materials.

Wrap-Up Session

- Session guides and Counselors’ notes.
- Implementation materials.

Appendices

- Several appendices with helpful implementation materials and CDC guidelines.

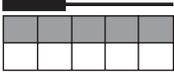
Icons Used in the Implementation Manual



Feeling Thermometer

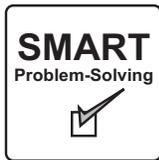
This icon signals to the Counselors that the Feeling Thermometer should be used.

F-T-D Grid



F-T-D Grid

The F-T-D grid is applied in the session when this icon appears.



SMART Problem-Solving

SMART problem-solving is used in the session when this icon appears.



Goal Setting

Goal setting occurs in the session when this icon appears.



Relaxation Activity

A relaxation activity is used when this icon appears.



Role-Play

When this icon appears, a role-play occurs in the session.

Benefits of Prevention with People Living with HIV/AIDS

Prevention with people who are living with HIV/AIDS is necessary to reduce the transmission of HIV. This intervention provides additional benefits to clients such as:

- Enhancing their quality of life by providing them with the skills to prevent re-infection or superinfection and to be pro-active about their health maintenance.
- Teaching them the negotiation and practice of safer sex skills.
- Supporting them in making healthier choices that promote a longer life span.
- Helping them adhere to medical care including drug regimens and doctor visits.

Introduction to Project CLEAR

Background

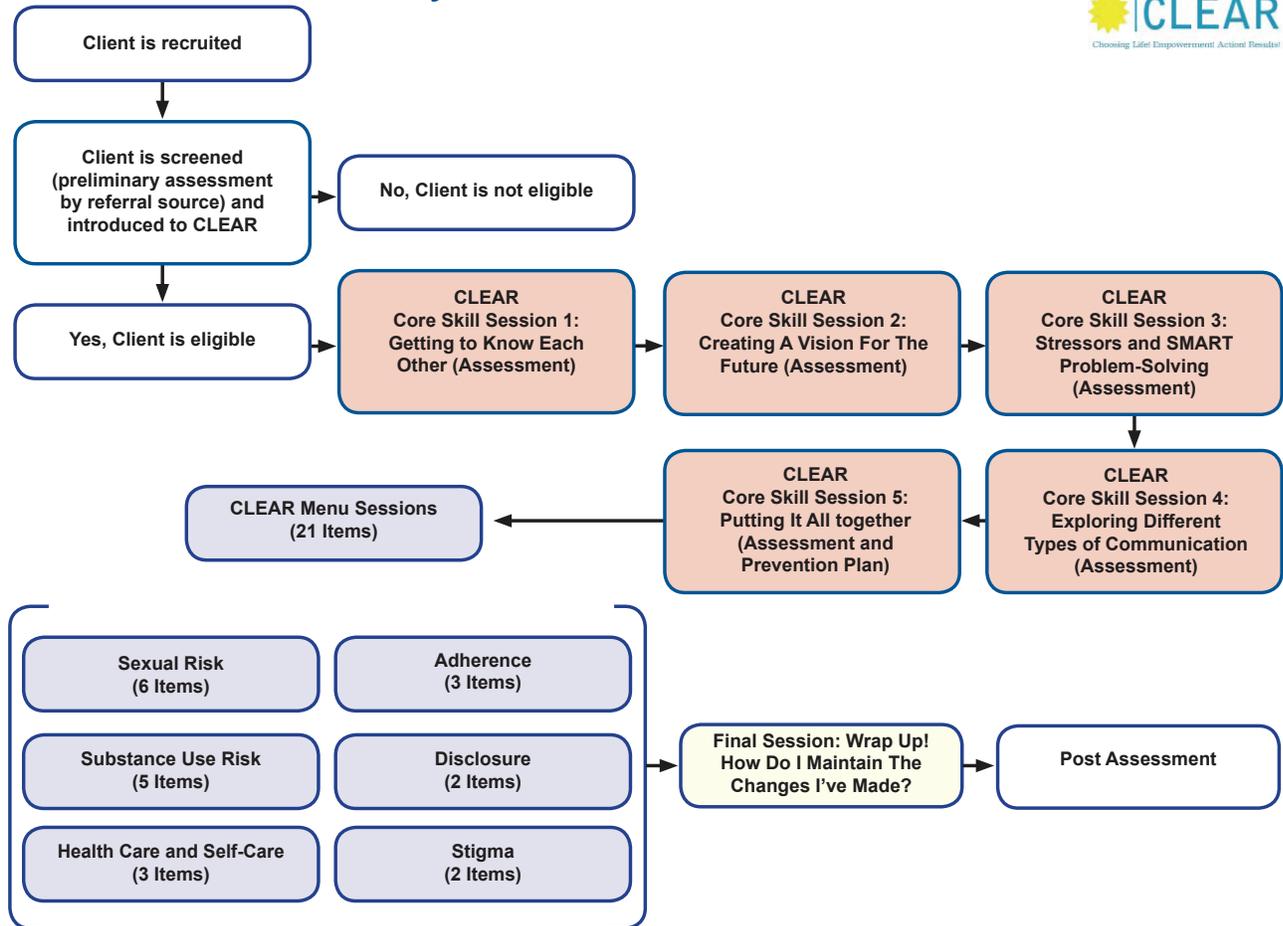
Project CLEAR: *Choosing Life: Empowerment, Action, Results!* is an evidence-based HIV prevention and health promotion intervention with youth and adults (ages 16 to 29) living with HIV/AIDS. **Project CLEAR** is a client-centered program delivered one-on-one using cognitive-behavioral strategies to change behavior. It provides clients with the skills necessary to live their best life and to be able to make healthy choices. The goal of the intervention is to help clients maintain health, reduce transmission of HIV and other sexually transmitted diseases, and improve their quality of life. The CDC's guidelines on Comprehensive Risk Counseling and Services (CRCS), formerly known as Prevention Case Management (PCM), has identified **Project CLEAR** as a structured intervention that may be integrated into the CRCS programs. **Project CLEAR** is a product of extensive collaboration among researchers, youth living with HIV/AIDS from diverse backgrounds and perspectives, and staff from public and private agencies that serve them.

Originally **Project CLEAR** consisted of three sequential modules and totaled 18 sessions. The *Staying Healthy* module encouraged healthy living by focusing on health maintenance and forging effective partnerships with health care providers.

The *Acting Safe* module was dedicated to primary and secondary HIV prevention by addressing sex and substance use-related risk behaviors. The *Being Together* module emphasized emotional well-being and improving quality of life. **Project CLEAR** is now structured to enable Counselors to individually tailor the program to address the unique needs of each client. **Project CLEAR** now consists of five core skill sessions, 21 menu sessions and a wrap-up session. The core elements of the intervention are introduced in the five core skill sessions. The core skill sessions teach the essential cognitive and behavioral skills of the program (i.e., positive self-talk, reframing, countering against negative thoughts, relaxation). Within these core skill sessions, clients also develop a personal life goal and an individual prevention plan that direct the focus and selection of subsequent menu sessions. The Counselor selects sessions from a menu of six domains to assist the client in achieving his or her prevention goal(s). The six domains address sexual risk, substance use risk, health care and self-care, treatment adherence, disclosure, and HIV stigma. Each domain consists of sessions that help the client apply and practice the intervention's essential strategies, which were initially

introduced in the core skill sessions. The menu sessions provide additional opportunities for clients to learn, practice, and internalize the cognitive and behavioral strategies of the intervention, with the ultimate goal of creating long-term behavior change. The final wrap-up session addresses the maintenance of behavior changes made in the program.

Project CLEAR Client Flow Chart



Research on Project CLEAR

The original CLEAR intervention was evaluated with 175 HIV-positive youth living in Los Angeles, San Francisco, and New York over a 15-month period. Participants were: aged 16 to 29; 26% black and 42% Latino; and 69% gay men. They were assigned to a three-module intervention totaling 18 sessions, delivered by telephone, in person, or a delayed-intervention condition.

Following the CLEAR intervention, there was an increase in the proportion of protected sexual acts for all partners and at an even higher rate for HIV-negative partners for those in the in-person condition. Specifically, 58% of the youth used condoms with all partners versus 22% of the youth in the control condition. Also, 73% of the youth engaged in protected sexual acts with HIV-negative partners compared to 32% of the youth in the control group. The number of HIV-negative partners decreased from four to 1.4 in the intervention group, versus from 4.3 to 2.5 in the control condition. All these outcomes were statistically significant.

Modifications to Project CLEAR

During its preparation for use in the field, Project CLEAR was modified in the following ways to make implementation easier:

- The original research project, CLEAR (Choosing Life: Empowerment, Action, Results!) was renamed Project CLEAR (Choosing Life: Empowerment, Action, Results!) to distinguish it from the initial intervention.
- The number of intervention sessions was reduced to five core skill sessions and additional menu sessions, instead of the 18 sessions that were originally offered. This change in the number of sessions did not result in reduction or change to the content of the intervention. This modification is also responsive to the CRCS Implementation Manual's emphasis on a client-centered approach, in which Counselors individually tailor prevention counseling intervention programs to address the unique needs of each client.

Other changes made to the original protocol include:

- Elimination of redundant concepts and activities.
- Addition of updated information on prevention technology, medical management of HIV, and common "club drugs."
- Integration of a perspective that treats HIV as a chronic disease.
- Incorporation of a Feel-Think-Do Framework that more explicitly highlights the intervention's underlying theory and the link among feelings, thoughts, and actions.

Note: All of the core elements shown to be responsible for Project CLEAR's effectiveness were maintained.

Goals of Project CLEAR

The overall goal of **Project CLEAR** is to increase behaviors that promote:

- Healthy living.
- Effectively facing the challenges of daily living.
- Positive feelings, thoughts, and actions.
- Developing daily routines to stay healthy.

These goals are achieved through **Project CLEAR**'s core elements (see discussion of core elements below).

Underlying Theory and Principles

The **Project CLEAR** intervention is based on Social Action Theory. Social Action Theory asserts that a person's ability to change behaviors that endanger his or her health is influenced by the individual's cognitive capability (ability to think, reason, imagine, etc.), as well as environmental factors and social interactions that encourage or discourage the change process. Social Action Theory incorporates the principles that are expressed in traditional social-cognitive models of health-behavior change. These models include social-cognitive theory, the health belief model, and the transtheoretical model (stages of change), as well as theories related to social context, interpersonal relationships, and environmental influences.

With Social Action Theory as its foundation, **Project CLEAR** applies cognitive-behavioral strategies to maintaining health, reducing the risk for HIV and STI transmission or re-infection, and improving the quality of life of youth and adults living with HIV/AIDS. Strategies in the intervention include role-playing as a means of learning new skills and improving old ones, building client's belief that he or she can change a behavior (self-efficacy); and instilling the belief that changing behaviors will result in a desired outcome (response efficacy). The cognitive-behavioral strategies used in the intervention are introduced within the framework of the intervention's core elements.

Core Elements of Project CLEAR

Core elements are critical features of an intervention’s intent and design and are responsible for its effectiveness. They must be maintained without alteration.

The following are core elements of **Project CLEAR**.

1. Development of emotional awareness through use of a Feeling Thermometer and identification of the link among feelings, thoughts, and actions (F-T-D Framework).
2. Teaching, modeling, and practicing SMART Problem-Solving.
3. Teaching, modeling, and practicing Short-and Long-Term Goal Setting.
4. Teaching, modeling, and practicing Assertive Behavior and Communication.
5. Identification of Ideal Self to help motivate and personalize behavior change.

The core elements are introduced in the five core skill sessions and are repeated throughout the menu sessions. Through **Project CLEAR’s** core elements, clients develop specific skills that give them a sense of control over their emotions, thoughts, and actions. These skills are repeated and modeled in every session to provide clients with the opportunity to practice the skills, internalize them, and ultimately apply them in everyday situations in order to create behavior change.

Below is a detailed description of the core elements.

Feel-Think-Do (F-T-D) Framework

F-T-D Grid

Project CLEAR applies the Social Action Theory by emphasizing awareness and identification of one’s emotions, thoughts, and actions, which we refer to as the Feel-Think-Do Framework (F-T-D). F-T-D is a simple, low-literacy means of introducing

more complex cognitive-behavioral concepts (e.g., emotional regulation, reframing, positive self-talk, countering negative thoughts, problem-solving, assertive behavior and communication, triggers). It describes an interactive process. F-T-D is based on the idea that when we encounter a situation, we have a **feeling** about it (expressed through a reading on the Feeling Thermometer that is used throughout the intervention and associated physical/body reactions), a **thought** about it (what we say to ourselves), and what we **do** about it (the actions we take as a result of our feelings and thoughts). **Project CLEAR** clients are guided by the F-T-D framework to recognize the connections among their thoughts, feelings, and the behavioral choices they make, enabling them to more easily make behavioral changes. The F-T-D framework is introduced in core skill session one and integrated throughout the intervention thereafter.

Feeling Thermometer



The Feeling Thermometer helps clients assess and discuss their feelings of discomfort more effectively during the session. The Feeling Thermometer is a graphic element resembling a fever thermometer. The highest measurement on the Feeling Thermometer is 100, representing the most discomfort one can imagine feeling.

That discomfort may be related to extreme anger, anxiety, excitement, nervousness, depression, or any other emotion, person, plan or situation that is experienced as discomfort. The bottom measurement is zero, and this represents a total lack of discomfort, whether the associated feeling is happiness or calm or something else. Linking Feeling Thermometer levels with situations being discussed in **Project CLEAR** sessions or with recent external experiences helps clients identify when their emotions are or have been highly charged and what situations are likely to result in those high extremes of feelings. The “temperature” on the Feeling Thermometer at which a client operates at his or her best will vary. Typically, however, the person at or near 100 on the thermometer will find that his or her discomfort interferes with good judgment and sound decision-making. The person at or near zero on the thermometer is better able to think and make decisions regardless of how he or she labels the particular feeling or emotion. The purpose of the Feeling Thermometer is to increase clients’ emotional awareness and self-regulation. The Feeling Thermometer is also used in **Street SMART**, another evidence-based intervention available from CDC’s Capacity Building Branch-Diffusion of Effective Behavioral Interventions. The same technique is used in both interventions; however, its explanation in this manual is more detailed.

The F-T-D Framework integrates various cognitive behavioral therapy techniques. For example, relaxation is applied throughout sessions in order to help clients achieve a comfortable state on the Feeling Thermometer. This impacts their ability to think clearly and act effectively. In addition, cognitive techniques such as reframing, positive self-talk, and arguing against negative thoughts are applied throughout the sessions to support clients in effectively managing distorted/irrational thoughts that may increase their level of discomfort and contribute to unhealthy choices.

The F-T-D Framework creates emotional awareness and regulation. When young people are not able to identify their feelings accurately, they are less able to deal with those feelings effectively. For instance, many young people describe feeling angry when they are, in fact, hurt. Their attendant responses are more likely to be acts of lashing out than acknowledgements of the pain or hurt feelings, and negotiation of a solution to what has caused the hurt. Instead of labeling feelings, which can often lead to a “mislabeling” of feelings, **Project CLEAR** encourages clients to utilize the Feeling Thermometer as a way of measuring their comfort level and to examine how their thoughts, comfort level, and actions influence each other. This awareness, and the techniques learned in **Project CLEAR** sessions, help clients confront their state of discomfort and replace irrational/unhealthy thoughts with rational/healthy thoughts, which leads to more positive and effective actions.

Feel-Think-Do (F-T-D) Framework - *continued*

Short- and Long-Term Goal Setting



Goal setting occurs during the conclusion of each session. Short-term goal setting refers to weekly goals related to that session's topic, as well as clients' life goals. Long-term goal setting refers to general life goals and prevention goals. A long-term life goal is identified during the second core skill session. Long-term prevention goals are determined during the fifth core skill session. Clients set short-term weekly goals toward their identified long-term goals throughout the menu sessions.

Clients are taught the characteristics of good goals: important, realistic, specific, clear, and easy to tell when accomplished. Once clients choose a goal, they identify the steps they will take before the next session to achieve that goal. A check-in period occurs in the first few minutes of the following week's session to discuss what happened. Not only is there the intrinsic reward of achieving one's goal (for those who do), but Counselors reward (with praise) the attempts that have been made. For those clients who did not achieve their goals, the check-in period allows them to analyze the reasons they were not successful.

Goal setting relates to the F-T-D framework in various ways. For instance, in identifying a realistic goal, clients are asked to choose a goal with which they are moderately uncomfortable (i.e., 40-60 on the Feeling Thermometer). In addition, clients may be asked to identify helpful thoughts that they can say to themselves that will support them in accomplishing their goal. Goal setting is introduced in core skill session one and integrated throughout the intervention thereafter.

SMART Problem-Solving



SMART problem-solving is presented using a structured model called SMART, which involves five steps: 1. **S**tate the problem, 2. **M**ake a goal, 3. **A**chieve a list of all possible actions, 4. **R**each a decision, 5. **T**ry it and review it. Through this model, clients learn to analyze and identify different actions they might take toward solving a real-life problem. Clients are invited to bring up general problems to which they may be seeking solutions, or a difficult problem related to one of the session topics. Clients apply the problem-solving format, select a goal, identify barriers, and plan the next steps. This newly learned life skill can be applied to a broad range of problems within and outside the context of HIV prevention. SMART problem-solving relates to the F-T-D framework in various ways. For instance, clients' Feeling Thermometer rating may impact their ability to engage in effective SMART problem-solving. It may be challenging to walk through this systematic approach when clients are at a high state of discomfort. In such a situation, clients may engage in positive self-talk or reframing in order to lower their discomfort and effectively engage in SMART problem-solving. SMART problem-solving is introduced in core skill session three and integrated throughout the intervention thereafter.

Assertive Behavior and Communication

Assertive behavior and communication is vital for effective and successful interactions with others. Verbal and non-verbal assertiveness facilitate the implementation of the skills taught in this intervention. As a part of the behavior choices we all have, we can choose to be passive, assertive, or aggressive. Clients are introduced to verbal and non-verbal assertiveness related to various life contexts (i.e., condom negotiation, interactions with health care providers, family members, etc.). Role-plays are often utilized to provide clients with the opportunity to practice assertiveness. Assertive behavior and communication relates to the F-T-D framework in various ways. For instance, as a part of the behavior choices we all face, we can choose to be passive, assertive, or aggressive. In addition, clients are encouraged to reflect on where they need to be on the Feeling Thermometer in order for them to be assertive, and how they can achieve their ideal comfort level (i.e., apply relaxation, positive self-talk, etc.). Counselors repeatedly tie in verbal and non-verbal assertiveness skills with various session topics and model assertiveness skills whenever the opportunity arises. Assertive behavior and communication are introduced in core skill session four and integrated throughout the intervention thereafter.

Ideal Self

Identification of the characteristics of one's Ideal Self helps clients pinpoint their values as they relate to desired behaviors. Clients are asked to consider those values as they think about the ways they would like to act in specific situations. The Ideal Self is used as a decision-making guide to help motivate and personalize behavior change. Appeals to one's Ideal Self occur throughout the sessions. For example, clients are asked to keep their Ideal Self characteristics in mind as they set weekly goals. The Ideal Self is introduced in core skill session two and integrated throughout the intervention thereafter.

The Core Elements in Action – A Case Study

The following case study illustrates the application of the core elements.

George is a young man living with HIV. His health is excellent and he intends to keep it that way. He returns to the HIV clinic every three months for a check-up. The visits consistently cause George to have strong feelings of discomfort. His discomfort manifests itself as a rapid pulse and flushed face. It causes him to lose patience with the clinic staff and he often glares at them. He also forgets questions he has and has difficulty expressing himself with his health care provider. His thinking can become negative: “This clinic will make my viral load come back and I’ll never be able to control it.” By the end of the visit, George is usually tense, embarrassed by his behavior, and unsure of how to gain control of the situation.

If George were a client in **Project CLEAR**, he would learn how F-T-D can help him gain control over this situation. George would first learn how to rate his feelings and emotions in terms of their

The Core Elements in Action – A Case Study - *continued*

likelihood to cause him discomfort. Then he would learn to distinguish different situations that lead to discomfort, and how his body reacts to different levels of discomfort (e.g., flushed face, sweaty palms, pounding head, etc.). Awareness that a certain event causes him discomfort can help George better prepare to deal with the situation.

For example, when he knows that a doctor’s visit increases his feelings of discomfort, George can prepare by engaging in a relaxation exercise or positive self-talk prior to his visit to lower feelings of discomfort. He can also write down all his questions for his provider so he is able to remember them even if his discomfort level increases.

A relaxation activity and/or positive self-talk can reduce the physical discomfort George’s anxiety is causing. Self-talk and relaxation techniques, as well as reframing and countering negative thoughts, are some of the skills taught in **Project CLEAR** to control or stop negative or unhelpful thoughts. The SMART problem-solving skills taught in **Project CLEAR** can help him identify a way to get his questions answered, such as writing down his questions as mentioned above. As a client in **Project CLEAR**, George would also learn that his high discomfort level and distorted/irrational thoughts lead him to act in an aggressive manner. In the intervention, he would not only learn to deal effectively with his discomfort, but also learn and practice more productive responses, such as assertive communication. Since George *feels* less discomfort, he is more likely to *think* rationally and *behave* in a constructive manner; hence he can function within his Ideal Self. **Project CLEAR** would teach George the skills he needs to be in control of this situation.

For example, prior to returning to the HIV clinic for his three-month check-up, George now does three things. First, he makes a list of all the questions he has for his provider. Second, he says to himself, “This clinic visit is an investment in my health.” Before leaving, he spends three minutes breathing deeply to relax himself. At the clinic, George smiles to the staff and states what he needs in an assertive manner. If he starts feeling uncomfortable about his viral load, he says to himself, “Whatever my viral load, we’re all one team working to keep me healthy,” instead of, “My viral load is back and can’t be controlled.” He calmly and assertively discusses his health with his provider and receives answers to all of his questions. George leaves the clinic feeling in control of his clinic visit.

After participating in **Project CLEAR**, George will be able to gain control of this situation and handle it more effectively, creating positive outcomes. By taking control of the situation, George’s sense of self-efficacy is enhanced. George will feel good about himself and others will feel better about their interactions with him.

Use of Role-Plays in Project CLEAR



Role-plays are used throughout the **Project CLEAR** sessions in order to create an opportunity for clients to practice positive responses to potentially problematic situations in an instructive and supportive environment. The **Project CLEAR** manual contains different types of role-plays. A few are scripted and are used to introduce a particular session or topic. These scripted role-plays should be practiced ahead of time. Other role-plays are not scripted, but a scenario is described and the client is asked to act it out without preparation. These role-plays give clients an opportunity to explore new ways of dealing with high-risk situations. Instructions for each role-play are found within the session guides. Counselors should monitor each one to ensure that the client understands it and keeps to the point.

Key Characteristics of Project CLEAR

The following key characteristics are crucial activities and delivery methods for conducting **Project CLEAR**. However, they may be tailored to meet the needs of different agencies and at-risk populations. Key characteristics of **Project CLEAR** include:

Use of incentives. We recommend using incentives to encourage clients to return to sessions, but it is up to each implementing agency to decide whether or not to use incentives, what kind to use, and the estimated value of an incentive. The most appropriate incentive strategies are those that your community advisory group and your client pool think will work best to encourage attendance and participation.

Time. With practice, all sessions can be finished in the 60- to 75-minute time period indicated in the script of each session. It is recommended that the sessions be kept to the amount of time allocated for each session as often as possible.

Intervals between sessions can be tailored to the needs and capacity of your agency and population. A general rule of thumb is to conduct sessions once a week. A biweekly schedule may also work for you, but we do not recommend monthly sessions except in very unusual situations. Counselors want to allow clients enough time to practice the skills learned in the group and make progress on their goals, but not so much time that they forget lessons or lose interest. When planning for the session frequency, there are several things to consider:

- Time for clients to think about what they have experienced.
- Ability to retain clients.
- Availability of both clients and Counselors.
- It is not recommended that an agency conduct all core or menu sessions in one day or a weekend.

Location: **Project CLEAR** can be held anywhere there is a private room. The venue and room should be handicapped accessible. For some communities, venues that advertise services for people living with HIV/AIDS are not good places to hold **Project CLEAR** sessions. Some clients have not disclosed their status and therefore would not attend sessions at a place that would compromise their privacy.

Pre-Implementation

This section describes what agencies must have in place to effectively implement **Project CLEAR**. Please note that these tasks do not necessarily have to take place in a sequential order; they may take place simultaneously.

Developing a Community Advisory Group

It is suggested that agencies wanting to implement **Project CLEAR** form a community advisory group recruited from community members, members of the target population, members of the agency's Board of Directors, and agency staff members. This group's role will be to inform and assist with all aspects of the pre-implementation and implementation process described below.

Conducting a Needs Assessment

Conducting a needs assessment is the process of collecting information that describes the factors that put a population at risk and the resources they lack to address those factors. This type of assessment is conducted before implementing the **Project CLEAR** intervention and will provide important data on the need for **Project CLEAR** in a particular community or at a particular agency. A needs assessment can also provide insight into how **Project CLEAR** may be tailored to best serve your audience.

Agency Capacity Issues

Agency capacity issues such as “buy in,” stakeholders, and developing an implementation budget are central getting started activities. It is important to note that these activities do not need to happen strictly in the order they appear in this manual; they may happen simultaneously.

Buy-In

Securing “buy-in” is crucial because it assures the support of agency administration and facilitates the allocation of agency resources for implementing the intervention. Obtaining “buy-in” is most effectively accomplished with an intervention champion. A champion is a mid- to upper-level administrator within the agency who serves as the intervention's spokesperson, anticipates and answers questions about the need for the intervention, and is familiar with the resources needed to implement the intervention. The champion can be an individual or a group of people, but regardless of the number of champions, their central purpose is convincing agency staff and others that implementing **Project CLEAR** would enhance the quality of prevention services provided by the agency and that the agency is capable of implementing the intervention. The champion must have excellent knowledge of the intervention, including its costs, core elements, and key characteristics. The champion can use the information presented in the intervention package to assess the community to determine whether they will support the core elements of **Project CLEAR**, to gain the support of stakeholders, and to answer any questions or concerns they might have about **Project CLEAR**.

Stakeholders

Stakeholders refer to individuals or organizations whose decisions and actions could impact the successful implementation of this intervention. The following tasks have been identified to guide agencies and the intervention champions in obtaining support to successfully implement **Project CLEAR**:

1. Identify your stakeholders:
 - a. Your agency's Board of Directors/Executive Board.
 - b. Staff members from your agency who will have a role in the operation of the intervention:
 - Administrators who will obtain support.
 - Program managers who will monitor the administrative aspect of the intervention.
 - Clinical Supervisor who will monitor the clinical aspect of the intervention.
 - Counselors who will deliver the intervention. (Review the upcoming sections on
 - Counselor guidelines and Counselor responsibilities. In identifying Counselors, it is important for agencies to identify and select Counselors who meet the guidelines and responsibilities specific to **Project CLEAR**).
 - -Staff who will interact with clients at any level.
 - c. Local agencies from which you could recruit clients, Counselors or both:
 - Agencies offering support groups for young people living with HIV/AIDS.
 - Health care providers and mental health professionals serving people living with HIV/AIDS.
 - Social service agencies reaching people living with HIV/AIDS.
 - Organizations of people living with HIV/AIDS and organizations that may have members who are living with HIV/AIDS.
 - d. Organizations that could provide assistance or other resources:
 - Vendors for incentives.
 - Agencies, vendors, printers, publishers, broadcasters, and others who can advertise the intervention.
 - Agencies that can provide a venue for the intervention.
 - Agencies that can provide child care.

Stakeholders - *continued*

- Agencies that can provide transportation.
 - Agencies that can provide informed volunteers for your community advisory group to help tailor the intervention.
 - Other collaborating agencies to provide information for Resource Packets.
- e. Agencies with which your organization needs to maintain good community or professional relationships:
- Local health department.
 - Local medical and mental health associations.
 - Your funding source(s).
 - Others.
2. Get stakeholders informed.
- ◆ Send letters that tell stakeholders about **Project CLEAR**, its importance, that your agency will be making the intervention available, the specific role(s) you think that they may play in the success of the intervention, and invite them to learn more.
 - ◆ Call in two weeks to assess their interest. If they are interested, schedule a time to meet (e.g., one-on-one, lunch-and-learn at your agency with a group of other stakeholders, presentation at their agency for several of their staff or association members).
 - ◆ Hold the meeting, share the information on **Project CLEAR** if time allows, and answer questions.
 - ◆ To increase buy-in, make sure the presentation includes the uniqueness of **Project CLEAR**: What sets this intervention apart from other HIV prevention interventions.
 - ◆ Soon after meeting, send a thank-you letter that specifies the role(s) to which they committed.
 - ◆ If they did not commit, send a letter thanking them for their time and interest and ask them to keep the letter on file in case they reconsider later.
3. Decide in advance what specific roles you want each stakeholder to play.
- ◆ Who you will ask to:
 - Provide financial support.
 - Refer people living with HIV/AIDS to the intervention.

-
- Serve as an intervention Counselor.
 - Be a resource to whom you can refer clients.
 - ◆ Join your community advisory group.
 - ◆ Assist in advertising the intervention.
 - ◆ Provide a room in which the sessions can be held.
 - ◆ Donate small incentives or prizes for clients.
 - ◆ Speak supportively about **Project CLEAR** in conversations with their associates.
4. Get stakeholders support.
- ◆ Describe several specific roles they could play.
 - ◆ Emphasize the benefits of their involvement to themselves, their agency, the community, and people living with HIV/AIDS, and answer questions.
 - ◆ Invite them to commit to supporting **Project CLEAR** by taking on one or more roles.
 - ◆ Keep track of commitments.
5. Get stakeholders involved.
- ◆ Provide immediate and specific work assignments to people who have committed to a key role in pre-implementation.
 - ◆ For people who committed to roles that begin later in the process, provide progress updates and a projected timeframe for their involvement.
 - ◆ Hold periodic celebratory meetings for supporters to acknowledge the value of their contributions, update them on the intervention's progress, and keep them engaged.

Budget

Another getting started activity is determining the cost of implementing the intervention. Implementing **Project CLEAR** requires the allocation of resources for: a 25% Full Time Equivalent (FTE) paid, experienced Program Manager, two (2) 50% FTE Counselors, a 10% FTE licensed Clinical Supervisor, and one optional 50% FTE Program Assistant for a case load of 20 active clients (10 clients per Counselor.) Please note that agencies may also choose to select one 100% FTE counselor who would be responsible for all 20 active clients.

In estimating the budget, it is also helpful to consider costs associated with training. We estimate that the Counselor will need to attend 40 hours or five days of training on **Project CLEAR**. It is recommended that the Program Manager and especially the Clinical Supervisor attend the 40-hour training in its entirety. This will ensure that the Program Managers and the Clinical Supervisor set realistic expectations for the program and the Counselor and will support the program evaluation and quality assurance process. At minimum, it is recommended that the Program Manager attend the first two days of the training in order to become familiar with the uniqueness of the intervention, its structure, core elements and Counselor responsibilities and requirements.

Moreover, agencies may choose to ask the Counselor to attend additional trainings that would support the Counselor's role in implementing **Project CLEAR**. Such trainings could address the following topic areas: CRCS, substance use, medication adherence, cognitive behavior therapy, and clinical skills.

Cost Sheet

A detailed cost sheet has been provided to highlight possible costs associated with implementing **Project CLEAR**. This is meant only as a guide. Depending on the number of times you implement the intervention or the specific needs of your agency, these figures will vary. The cost sheet assumes that your agency already has access to intervention clients. If this is not the case, you will need to add recruitment costs. It also assumes that there will be no donations, volunteers or in-kind contributions, and includes costs/values as if everything will need to be paid for by the agency.

Categories for Provider Costs to Implement the Project CLEAR Intervention

Categories	Pre-Implementation (start-up)		Implementation (intervention delivery)	
	# Staff	% time or # hrs/wk (% FTE time spent on intervention)	# Staff	% time or # hrs/wk (% FTE time spent on intervention)
PERSONNEL				
SALARIES				
PROGRAM MANAGER	1	25%	1	25%
COUNSELOR	2	50%	2	50%
CLINICAL SUPERVISOR	1	10%	1	10%
PROGRAM ASSISTANT	1	50%	1	50%
FRINGE BENEFITS				
FACILITY(IES)		(% time used for intervention)		(% time used for intervention)
RENT				
OFFICE	\$ x	% =	\$ x	% =
SMALL GROUP MEETING SPACE	0		\$ x	# sessions = (inc. pre-sessions)
UTILITIES	\$ x	% =	\$ x	% =
TELEPHONE/FAX	\$ x	% =	\$ x	% =
MAINTENANCE	\$ x	% =	\$ x	% =
INSURANCE	\$ x	% =	\$ x	% =
EQUIPMENT		(% time used for intervention)		(% time used for intervention)
LAPTOP COMPUTER	\$ x	% =	\$ x	% =
COPIER	\$ x	% =	\$ x	% =
EASEL	\$ x	% =	\$ x	% =
EQUIPMENT MAINTENANCE	\$ x	% =	\$ x	% =
INTERNET SERVICE PROVIDER	\$ x	% =	\$ x	% =
LCD PROJECTOR	\$ x	% =	\$ x	% =
SUPPLIES				
POSTAGE & MAILING	\$		\$	
COPYING & PRINTING	\$		\$	
OFFICE SUPPLIES:				
PAPER (WHITE)	1 ream x	\$ /ream =	5 reams x	\$ /ream =
PAPER (COLORED)	0		3 reams x	\$ /ream =
CERTIFICATE PAPER	0		1 pkg. x	\$ /pkg. =
PENS	1 dozen x	\$ /doz. =	3 dozen x	\$ /doz. =
MARKERS	0		1 pkg. x	\$ /pkg. =
MASKING TAPE	0		1 roll x	\$ /roll = 1 pkg. x
WORKBOOKS	0			
MAGAZINES	0			
POCKET FOLDERS	0		10 x	\$ /each =
TEACHING SUPPLIES				
ANATOMICAL MODELS				
MALE	10 x	\$ /each =	0	
FEMALE	10 x	\$ /each =	0	
LUBRICANT	0			
CONDOMS				
MALE	0		2 dozen x	\$ /doz. =
FEMALE	0		2 dozen x	\$ /doz. =
PRINTED MATERIALS				
FORMS	0		3	
INFORMATION SHEETS/FLIERS	5 gross x	\$ /grs. =	0 x	\$ /each =
OTHER MATERIALS				
PRIZES	0		8 x	\$ /each =
CATERING/REFRESHMENTS			80 x	\$ /person =
RECRUITMENT (OF STAFF/VOLUNTEERS)				
ADVERTISING	10 column inches x	\$ /inch =	10 column inches x	\$ /inch =
TRAVEL				
MILES TO/FROM INTERVENTION LOCATION (if other than regular work place)	# miles x	¢/mile =	# miles x	¢/mile =

Notes on Categories for Provider Costs

Intervention delivery costs are based on an average of 50 clients per year. Numbers of printed and other materials are calculated as follows: for each session implemented, you will need approximately 10 sheets of paper (forms, handouts, evaluation) per person.

Counselors will need to be compensated for their time spent recruiting, screening clients, training (40 hours or five days), and practicing during pre-implementation. Intervention delivery time includes review before each session, travel to the sessions, session time, and attending clinical supervision. It also assumes weekly sessions for five weeks of core skill sessions, plus additional weekly menu sessions. There is also a week dedicated to preparation and delivery of the wrap-up session.

Counselor Selection

Selection of Counselors for **Project CLEAR** is essential to the getting started process and the success of the intervention.

The intervention was originally delivered by individuals who either held a master's degree or were enrolled in a doctoral program in psychology, social work, or public health. Counselors possessed a solid understanding of cognitive behavior therapy and had previous direct clinical experience. All Counselors in the original intervention study participated in weekly group clinical supervision. During this time, Counselors discussed current client case load, were provided with written and verbal feedback regarding audio-taped intervention sessions, addressed imminent clinical issues, and received quality assurance feedback regarding the delivery of sessions (i.e., delivering session exercises and core elements with fidelity).

We believe that Counselors with the following combination of skills and experience will be most successful in delivering **Project CLEAR**.

- Knowledge of HIV/AIDS.
- Knowledge of the target population.
- Past direct experience with target population (youth and adults with HIV/AIDS).
- Previous clinical training. This means receiving structured training from licensed clinicians in counseling. Clinical training typically occurs as a part of master's or doctoral graduate programs. It may also occur as part of employment in agencies which offer programs (i.e., didactics, workshops) intended to enhance one's counseling experience.
- Understanding of and experience working from a cognitive behavior theoretical orientation. Various theoretical orientations (i.e., family systems, psychodynamic, etc.) exist. Since **Project CLEAR** utilizes mainly cognitive behavior skills, it is imperative that Counselors have a solid understanding of cognitive behavior theory and feel comfortable with working within this framework.
- Previous experience in delivering structured interventions.

-
- Bachelor's or graduate degree in psychology, social work, or related field.
 - Cultural sensitivity.

In assessing a potential Counselor, it is helpful to consider the Counselor responsibilities discussed in this manual. If the Program Manager or Clinical Supervisor has serious concerns about a Counselor's ability to comply with the responsibilities outlined in this manual, it may be an indication that the Counselor may not be an appropriate match for **Project CLEAR**.

Clinical Supervision

It is highly recommended that Counselors participate in weekly group or individual clinical supervision in order to debrief about existing clients in the **Project CLEAR** program. Clinical supervision is facilitated by a licensed clinician (i.e., clinical psychologist, marriage and family therapist, or a social worker). It is imperative for the Clinical Supervisor to have a strong background in cognitive behavior therapy. In addition, the Clinical Supervisor is strongly encouraged to attend the **Project CLEAR** training in its entirety in order to ensure that he or she has a solid understanding of the content, goal, structure, and core elements of the intervention.

Counselors may be asked to audiotape their sessions and provide a copy to the Clinical Supervisor. This may be done consistently or on a random basis. Typically, Counselors are asked to provide the Clinical Supervisor with a session that they believe went well and a session that was challenging. The Clinical Supervisor may provide written and verbal feedback to the Counselor. If clinical supervision is in a group setting, it may be advisable to also provide feedback individually. Clinical Supervisors may also ask Counselors to play a specific segment of their session (i.e., a segment that was challenging or effective) during supervision to discuss as a group.

Clinical supervision typically addresses the following areas:

1. Counselors' personal feelings that may have surfaced during the session with client.

Project CLEAR addresses issues that may cause emotional responses for both the clients and the Counselors. For example, guilt may be a common emotion expressed by the Counselors. The Counselors may experience guilt when recognizing similar behavior patterns or risky behaviors in themselves while listening to the client's testimonials. The Counselors may experience guilt for not being infected with HIV. The feeling of guilt could be a result of surviving and not understanding why or how. Counselors living with HIV/AIDS may still be dealing with the same issues presented in the intervention. It is important for them to identify those personal issues and not allow them to impact how they facilitate the session.

Clinical supervision creates a safe environment in which Counselors may release emotions in a supportive space. At times, the Clinical Supervisor may refer the Counselor to counseling services if needed, and the Counselor should be allowed to discontinue his or her role if the sessions become too emotionally overwhelming.

In addition, Counselors may experience discomfort in response to clients' disclosures, thoughts, feelings, or choices that may counter the Counselor's personal beliefs or values. Such dissonance needs to be addressed within the context of clinical supervision in order to

Clinical Supervision - *continued*

ensure that it does not negatively impact the Counselor's relationship with the client and the effective delivery of the sessions.

A Clinical Supervisor may ask:

- ◆ What parts of the session were uncomfortable to deliver?
- ◆ What went well?
- ◆ What did not go well?
- ◆ How could delivery of the next session be improved?
- ◆ Which clients put you high on the Feeling Thermometer? Why?

2. Clinical issues that arise during the session.

Clinical supervision also provides an opportunity for Counselors to discuss clinical issues that may impact the session. For instance, clients may be dealing with various disorders (i.e., depression, anxiety, bipolar), history of trauma, or serious family of origin concerns (i.e., abandonment or attachment issues.) All these variables may surface during **Project CLEAR** sessions, impact the content of the session, and influence the client-Counselor relationship. Clinical supervision will provide Counselors with the support needed to deal with such possible clinical factors and to ensure that Counselors do not assume the role of a therapist and provide therapy to clients in response to such clinical issues. A general recommendation would be for the Counselor to provide the client with a referral to a therapist.

A Clinical Supervisor may ask:

- ◆ Which clients may need referrals?
- ◆ Which clients present with resistance toward the session content?

3. Delivery of the session from a clinical perspective.

It is helpful for a Clinical Supervisor to provide Counselors feedback regarding general clinical skills (i.e., reflective listening, empathizing, probing, and being non-judgmental.), especially in instances where Counselors may not have received clinical training,

A Clinical Supervisor may ask:

- ◆ Who needs to be coaxed to participate?
- ◆ What can you say to the client to make him or her feel heard and understood?

4. Adherence to the intervention and integration of core elements.

Clinical supervision also entails quality assurance of the delivery of the session. Clinical Supervisors should ask themselves, “Was the session delivered with fidelity?” “Did the Counselor take advantage of every opportunity to integrate the core elements of the intervention?”

A Clinical Supervisor may ask:

- ◆ What concepts or skills did the client have trouble grasping?
- ◆ What concepts need to be reinforced next time?
- ◆ How is the client progressing with his or her goals?
- ◆ Who has difficulty understanding, internalizing, and applying the core elements and cognitive behavioral skills of the session?

Additional Tips on Conducting Project CLEAR Clinical Supervision

- Remember that the purpose of clinical supervision is to allow the Counselors a time to release emotions from the sessions and to gain support from their Clinical Supervisor and colleagues (if clinical supervision takes place within a group modality).
- The role of the Clinical Supervisor is to facilitate the supervision meeting. The Clinical Supervisor does not act as a therapist during the debriefing.
- It is the Clinical Supervisor’s responsibility to create an environment in which the Counselor can relax and voice opinions without fear of retribution.
- If clinical supervision is conducted in a group modality, each Counselor should be given between five to seven minutes to express both negative and positive feelings about the **Project CLEAR** session.
- Questionnaires can be used to help elicit feelings, opinions, and behaviors so that the Counselors can express their emotions, thoughts, and actions. Questions could include:
 - ◆ How did you identify with the client today?
 - ◆ What made you uncomfortable during the session?
 - ◆ What was the highlight of today’s session?
 - ◆ What was the low point of today’s session?
 - ◆ What would you change about session activities?
 - ◆ What behavior indicated how uncomfortable you were with the session topic or an individual’s statement?

Additional Tips on Conducting Project CLEAR Clinical Supervision

- continued

- The debriefing topics should focus on the events of the job and not veer into personal issues. If personal issues become a problem and impede the session, it might be suggested that the Counselors utilize their Employee Assistance Program, if available.
- Administrative concerns such as incentives, transportation, child care, retention, or securing space for intervention delivery may also be addressed during clinical supervision. However, it may be more constructive if such topics are addressed during a separate meeting, perhaps with the Program Manager.

Counselor Responsibilities

The overall responsibility of the Counselor is to deliver the **Project CLEAR** sessions in an ethical and standardized manner. Counselors have specific functions and tasks to perform before and during the sessions. Responsibilities include:

Knowledge of the Intervention and Implementation Guidelines

1. Have a clear understanding of the sessions.
 - ♦ Know the material well enough that you are familiar with the concepts and do not need to read the text directly.
 - ♦ Have a clear understanding of the overall goal of the session as well as the goal of specific activities within each session. Ask yourself, “What is the purpose of this activity or role-play? What skill am I trying to teach this client?”
 - ♦ Have a solid understanding of the content of all core skill and menu sessions.
 - ♦ Translate material into your own words once you become skilled at facilitating the activities.
2. Have a solid understanding of the intervention’s core elements and cognitive behavior techniques (CBTs) and be creative in their repeated integration.
 - ♦ Be creative and consistent integrating the core elements and CBT in the session content. This means having the ability to improvise and “tie in” the core elements and CBT with any topic at hand, even if the core element or CBT is not specifically referenced to in the text, Counselors are responsible for integrating them repeatedly in order to optimize the client’s learning of new skills.
3. Adhere to intervention guidelines.
 - ♦ Deliver all core skill sessions in a sequential order.
 - ♦ Deliver sessions in each menu domain sequentially. The only exception would be if a specific menu session does not pertain to the client’s life context, prevention goal,

-
- or expressed need (e.g., the substance use menu session related to needle use may be skipped if the client denies needle use).
- ◆ Although Counselors are encouraged to use their own language, the content of the session needs to be delivered “as is” in order to ensure fidelity to the intervention.
 - ◆ It is imperative that Counselors do not skip any activities, sections, or role-plays.
4. Follow the script.
- ◆ Counselors are encouraged to become very familiar with the content of the intervention.
 - ◆ Until Counselors feel confident with the intervention content, using the script as written is encouraged.
 - ◆ Once Counselors become comfortable with the intervention, they can summarize the material in their own words, making sure to use language consistent with the target population and including all the main points. Writing session notes on index cards is recommended.
 - ◆ The use of index cards and summarizing should only be undertaken only if Counselors have practiced the sessions multiple times and feel very comfortable with the intervention content.
5. Prepare before each session.
- ◆ Review client’s goal from previous week.
 - ◆ Review client’s overall progress with weekly goals.
 - ◆ Be familiar with client’s long-term life goal and prevention goals.
 - ◆ Be familiar with client’s Ideal Self characteristics.
 - ◆ Have an understanding of client’s areas of strength and weakness. Ask yourself, “What are the barriers to the client’s progress with weekly short-term and long-term life and prevention goals?”
 - ◆ Make sure you have all session handouts copied and prepared.

Conduct Ongoing Assessment

1. “Get to know” the client using an ongoing, non-threatening manner.
 - ◆ **Project CLEAR** is unique in that assessment is conducted in an informal, ongoing manner.
 - ◆ Counselors are responsible for finding creative ways to gather information from clients in an informal, safe, and non-threatening manner throughout the intervention.
 - ◆ This process informs the development of the prevention plan and menu selection.

Deliver the Intervention with a Client-Centered Approach

1. Advance the client’s agenda, not yours.
 - ◆ **Project CLEAR** is unique such that it addresses clients’ overall life context, especially in the initial five core skill sessions.
 - ◆ It is the Counselor’s responsibility to be comfortable with this perspective and to refrain from natural inclinations to “push for” HIV-related issues. It is helpful for Counselors to trust the process and remember that HIV prevention is explicitly addressed in the menu sessions.
2. Be flexible when appropriate.
 - ◆ **Project CLEAR** is unique in that the intervention addresses the specific and unique needs of each client.
 - ◆ While Counselors are required to adhere to the intervention, Counselors are also encouraged to be flexible in order to respond to a client’s unique needs.
 - ◆ Clients may change or modify their life or prevention goal at any time.
 - ◆ It is not appropriate for a Counselor to be flexible if the client asks to skip a role-play or exercise because it does not apply to him or her. The Counselor needs to assess whether this is an act of resistance (i.e., does the exercise create discomfort for the client?) Remember that the goal of each exercise is to create an opportunity for clients to practice new skills. Therefore, even if the content is not applicable to the client’s life, he or she will benefit from practicing the skill and applying the skill to other life areas.

Create “Buy-In” and Motivate Commitment to Project CLEAR and Behavior Change

1. Tie in the client’s concerns or areas of interest with **Project CLEAR**.
 - ◆ In order to increase the client’s motivation to attend **Project CLEAR** sessions and follow through with weekly goals, Counselors are required to be creative in integrating what clients say with what **Project CLEAR** offers.

-
- ◆ For example, if the client arrives to a core skill session feeling uncomfortable about a recent discussion with his or her health care provider, the Counselor may state that **Project CLEAR** offers additional sessions that address how to get your needs met with providers.
2. Create concern in clients about:
 - ◆ Unsafe sexual and substance use behaviors.
 - ◆ Other forms of unhealthy behavior and lack of adherence to health-promoting behavior.
 - ◆ Involvement in risky situations and with risky partners.
 3. Be comfortable with creating concern and moderate level of discomfort in clients in order to promote behavior change.
 - ◆ It is appropriate for clients to experience some level of discomfort in response to specific topics addressed in the intervention. Therefore, it is imperative for Counselors to avoid “saving the client.”
 - ◆ Some level of discomfort is essential to motivating behavior change. For example, learning about the consequences of mixing drugs and/or alcohol and HIV medication may create some discomfort for clients. It is important for Counselors to allow clients to “sit with” this discomfort. The discomfort is likely to encourage clients to think about alternative, healthier choices.
 - ◆ A moderate level of discomfort about current thought and behavior patterns may inspire clients to commit to **Project CLEAR** and work on behavioral change.
 4. Recognize and reward positive behavior.
 - ◆ Use supportive statements when you “catch the client doing something good.”
 - ◆ Support the client’s efforts to move his or her behavior in the desired direction.
 5. Encourage participation.
 - ◆ Be supportive.
 - ◆ Give compliments.
 - ◆ Be non-judgmental.
 - ◆ Build on clients’ strengths.
 - ◆ Listen.
 - ◆ Let the clients do the reacting, responding, thinking, and analyzing.
 6. Be enthusiastic and optimistic, and communicate your belief in the intervention.

Establish Appropriate Boundaries

1. Counselors establish control from the beginning, indicating that they will:
 - ◆ Direct the activities.
 - ◆ Set the pace for the sessions.
 - ◆ Model and communicate that the sessions are structured.
 - ◆ Prevent self-harm by clients and destruction of property.
2. Be clear on your role as a Counselor.
 - ◆ Counselors need to have a clear understanding of their unique role and responsibility in delivering **Project CLEAR**.
 - ◆ Counselors are not case managers, therapists, medical experts, or spiritual advisers.
 - ◆ Counselors are expected to support clients in developing the skills needed to advocate for themselves, seek appropriate support, and be assertive in getting their needs met.
 - ◆ They should not provide medical information beyond the guidelines provided in the script of the sessions.
 - ◆ They cannot try to treat individuals with personality disorders or heal a history of dysfunctional family patterns.
3. When tempted to share personal information from your own life, ask yourself:
 - ◆ Is this information helpful to the client?
 - ◆ Is it directly relevant to the topic or skill being learned?
 - ◆ Is there time?
 - ◆ Am I comfortable disclosing this information to a client? Am I comfortable with others knowing this information about me?"
 - ◆ If the answer to any one of these questions is “no,” don’t share the information.
 - ◆ Overall, share personal experiences in a limited fashion.
4. You don’t have to be an expert and have all the answers.
 - ◆ It’s OK to say, “I don’t know.” You could also say that you will try to have an answer by the next session.
5. Be consistent.
 - ◆ Once you establish your role, be consistent in maintaining it. Clients will take you seriously once they observe that your actions support your words.

Overall, Counselors Should Have the Ability to Assess the Following Areas Regarding Clients

- ◆ Are they paying attention? Watch for clients' non-verbal communications indicating interest or attention by observing eye contact, facial expressions, nodding head, body language open and toward speaker.
- ◆ Are they truly listening, not just looking as if they are? Listen for verbal cues indicating understanding, such as appropriate responses to questions and participation in discussion.
- ◆ Do they ask questions relevant to the content of the conversation?
- ◆ Do they make statements that reflect the content or emotion being expressed?

A Typical Counselor Workload

Counselor's work responsibilities and expectations may vary from agency to agency. Typically, it is recommended that a full-time Counselor does not deliver more than approximately 20 **Project CLEAR** sessions per week. It is helpful to keep in mind that each 60-75 minute session also involves: reviewing and preparing for the session (i.e., reading the script or index cards, preparing all necessary handouts, etc), and reviewing the client file and workbook (i.e., assessing client's progress with weekly goals, reviewing client's life and prevention goals and ideal self characteristics.) This means that for every 60 – 75 minutes of direct face time with a client, the Counselor should plan for at least 20 – 30 minutes of prep and review time without a client. In addition, Counselors need time to participate in clinical supervision.

Determine Client Eligibility for Participation in Project CLEAR

Prior to implementing **Project CLEAR**, it is recommended that agencies determine client eligibility for participation in the program. We recommend that clients who are referred to **Project CLEAR** meet the following criteria:

Present with at least a “moderate level of motivation” toward making behavior change in response to high-risk behaviors in at least one of the following six domains:

1. Substance use risk,
2. Sexual risk,
3. Self-care and health care,
4. Medication adherence,
5. Disclosure, or
6. HIV-related stigma.

These domains correspond to **Project CLEAR**’s six sets of menu sessions. The menu sessions provide an opportunity for clients to gain additional support in HIV prevention areas that are unique to their needs. A “moderate level of motivation” may be assessed by examining a client’s overall profile and history. For instance, the referral source may assess: a client’s history of committing to goals and tasks, expressed desire to seek support for general life and/or HIV-related stressors, or past attempts to seek support or participate in therapy or intervention programs.

Agencies may vary their guidelines for appropriate clients for **Project CLEAR**. For example, agencies may require that clients engage in “high-risk” behaviors in order to qualify to participate in **Project CLEAR**. The definition of “high-risk” and other guidelines describing appropriate clients for **Project CLEAR** may vary from one jurisdiction to another.

Clients newly diagnosed with HIV/AIDS may not be ready for the intervention. They may require referrals to medical care or individualized counseling. Decisions should be made on an individual basis.

Educate Referral Sources on Who is Appropriate for Project CLEAR

Once each agency has defined its criteria for clients appropriate for **Project CLEAR**, this information should be communicated to potential referral sources. This will optimize identifying and recruiting clients who would most benefit from the program.

Recruit Clients

It is important for your agency to have a recruitment plan in place that details how clients will be recruited, including recruitment venues, recruitment/marketing tools, and number to be recruited. The plan should also draw upon ideas and techniques used in the past to successfully recruit and

retain clients in programs. Your community advisory group should be able to provide your agency with the answers to some recruiting questions, such as:

- Where is the best place to recruit?
- What are the best recruiting strategies for your populations?
- What might motivate members of the target population(s) to attend **Project CLEAR**?

In Appendix B, you will find a generic marketing information sheet that can be tailored with the assistance of your community advisory group and used to recruit potential clients.

Address Client Retention

Keeping clients engaged in the intervention can be a difficult task. The Counselors bear much of the responsibility for making sure that all clients:

- Have a chance to contribute to discussion.
- Have a chance to participate in activities.
- Have a chance to have their thoughts heard.
- Feel welcome, safe, and supported.

Counselors also should work hard to maintain enthusiasm and sincerity when presenting **Project CLEAR** activities. The attitudes of the Counselors are important motivation for clients to return to the session. For example, if the Counselor presents a relaxed or indifferent attitude towards goal setting, the client is likely to not take goal setting seriously and thereby jeopardize the client's commitment to behavior change. Likewise, some clients may be resistant toward participating in role-plays and not see the value of the exercise. It is imperative for the Counselor to not mirror back such an attitude and instead display great enthusiasm for the activity.

Ways to increase retention and attendance at **Project CLEAR** sessions can include reminders such as telephone calls, text messaging clients the day before a session, programming client's phone alarm, etc. If the Counselor's and client's schedules permit, schedule the weekly sessions consistently on the same day and time. Establishing a routine increases retention and attendance. Counselors may want to discuss reminders with the client to find out what form of contact is best.

Utilize Incentives

Incentives can also provide motivation for young people to keep attending **Project CLEAR** sessions. Incentives will vary by agency, based on resources, agency policy, and needs of the specific target group. Some agencies have been successful in soliciting incentives from local businesses. Seeking in-kind donations helps promote the mission of the agency in the community. It also gives local businesses an opportunity to participate in a larger HIV prevention effort.

Determine Attendance Policy

Project CLEAR is a structured program. Each session builds on the previous session. Weekly session attendance optimizes the client's ability to fully grasp the skills, internalize the learning, and apply the strategies to their every day life. However, clients may still benefit from participation despite inconsistent weekly attendance. Implementing agencies need to develop attendance policies that support the goals of **Project CLEAR** and clearly communicate these to clients and other stakeholders in the intervention.

Develop Resource Packet

Clients in **Project CLEAR** may have questions and needs that cannot be addressed during the intervention sessions. As a result, agencies may decide to create a Resource Packet to distribute to each client. Packets should describe services and other resources available in their community. Counselors should encourage clients to make use of these resources and remind them of the packet at the end of each session.

Following is a list of the types of materials that might be included in the Resource Packet:

- Business card or other contact information for the Counselor and the sponsoring agency.
- Information on the limits of confidentiality and relevant notification laws.
- An introduction to the **Project CLEAR** intervention and why it is being implemented by this agency.
- A list of key agencies providing services to youth and adults living with HIV/AIDS.
- A list of agencies providing counseling/mental health services to youth and adults living with HIV/AIDS.
- A variety of brochures from resources in the community (e.g., information about where in the immediate area to find HIV/AIDS services assistance with housing, food, medical treatments, prescriptions, etc.).
- Up-to-date information on transmission of HIV, HIV medications, and HIV therapy/treatment.
- Printouts from websites of interest to clients.
- List of contributors of any donated food, gift certificates, or coupons.
- Any other materials that might serve as a resource to clients.

Some agencies have reported that their **Project CLEAR** clients do not like to receive take-home materials that mention HIV or AIDS. Implementing agencies should assess the merits and feasibility of posting the Resources Packet on a website with a URL not associated with HIV/AIDS.

Secure Physical Space and Atmosphere

The atmosphere in a clinic or agency is a part of the intervention. Sessions should be conducted in a comfortable room protected from interruptions. In a safe atmosphere, clients are able to learn new skills and increase their sense of self-efficacy. The goal is for clients to build trust in themselves and the Counselors by asking questions and sharing their real-life experiences related to the session topics. Clients are more likely to do this if the sessions are held in a friendly, informal atmosphere where confidentiality is promised.

When possible, the space should include a table for taking notes and reviewing various handouts. Clients should sit adjacent to the Counselor, facing the table yet in a position that allows for eye contact. This arrangement, preferable to sitting across a table from each other, often creates a comfortable setting and reduces any potential power differential. This seating arrangement is also conducive to **Project CLEAR** as the majority of the sessions entail some reading and writing.

Materials

All supplies and materials must be gathered prior to intervention delivery. Session-specific materials are described in the beginning of each session guide. Some materials are used in all sessions and some materials are specific to particular sessions.

Items used across all sessions include:

- The **Protect CLEAR** workbook.
- Feeling Thermometer.
- F-T-D Grid
- Weekly Goal Cards.
- Guidelines for Good Goals.
- SMART Problem-Solving Steps.
- Individual Prevention Plan

Pre-Implementation Checklist

This pre-delivery checklist is a quick reference of items that should be in place before **Project CLEAR** is implemented.

- Client criteria for participation determined.
- Referral sources educated on client criteria.
- Clients recruited.
- Client retention addressed.
- Attendance policy determined.

Pre-Implementation Checklist - *continued*

- Resource Packets compiled and copied (if used).
- Physical space for intervention delivery secured.
- Supplies and intervention materials on-hand.

Implementation of Sessions

Project CLEAR is structured to ensure that each client's experience of the program is unique and responsive to his or her individual prevention needs. Each client completes the five core skill sessions, during which the client assessment is carried out, the core elements and cognitive behavior therapy techniques of the program are learned, and the client-centered, individualized prevention plan is developed. **Project CLEAR** core skill sessions should be implemented sequentially, one through five. Based on the unique needs of the client and the prevention plan developed during core skill session five, the Counselor chooses from a menu of 21 sessions to create an individualized prevention plan. The wrap-up session is delivered as the final termination session.

Menu Selection

During core skill session five, clients are asked to identify one to six prevention goals, related to six domains: substance use risk, sexual risk, medication adherence, self-care and health care, disclosure, and HIV-related stigma. The client chooses the prevention goal that he or she would like to focus on first. The client is encouraged to choose a prevention goal that he or she feels moderately uncomfortable about (a 40 to 60 reading on the Feeling Thermometer). Then, the Counselor chooses the menu domain that responds to the client's prevention goal. For example, if the client chooses to begin with a substance use prevention goal (i.e., "I want to stop using marijuana"), the Counselor begins with the menu sessions in the substance use domain. The sessions in each domain should be implemented sequentially. The only exception would be if a specific menu session does not pertain to the client's life context, prevention goal, or expressed need (e.g., the substance use menu session related to needle use may be skipped if the client denies needle use).

Once the client has completed the menu sessions corresponding to his or her first selected prevention goal, the client may choose a second prevention goal to focus on. Again, the Counselor will implement the menu sessions responding to client's second prevention goal. This procedure continues until all or as many of the client's prevention goals are addressed. Progress in completing the prevention goals is monitored through completion of weekly goals.

Although prevention goals are identified during core skill session five, the client may change or modify his or her prevention goals at any time during participation in **Project CLEAR**. Counselors should be flexible in this process and ensure responsiveness to client's needs.

Evaluating Project CLEAR

Agencies are strongly encouraged to have an evaluation plan in place before beginning implementation of **Project CLEAR**. There are two key reasons to evaluate a program or intervention such as **Project CLEAR**: accountability and improvement. Accountability could be to the community, staff, clients, or a funding source. Implementing agencies must also consider their ethical obligation to properly implement any program or intervention. Evaluation also helps improve the quality of the delivery of the intervention.

Evaluation informs the agency on what worked and what did not work, information valuable in helping agencies fine tune their programs. Agencies should consult funder requirements for evaluation as needed.

There are several different types of evaluation that an implementing agency may want to conduct depending on agency priorities and funder requirements: 1) process monitoring, 2) process evaluation, and 3) outcome monitoring.

Process Monitoring

Process monitoring is a method of collecting data that describes the services provided and the resources used to deliver those services. Process monitoring answers questions such as:

- How many sessions were delivered?
- What resources were used?
- What additional resources are needed?

Process monitoring serves as a supplement to the normal data collection of how many people attended, their gender, race/ethnicity, risk behavior, age, etc. It can also address recruitment and retention.

Process Evaluation

Process evaluation aids an agency in determining how closely the core elements were implemented and documents any adapting that was done for the population and agency. Process evaluation ensures that an agency is delivering **Project CLEAR** and not some variation of the intervention. Some sample questions include:

- Was each core element maintained?
- Were the sessions delivered as described in the Implementation Manual?
- Was the intended target population enrolled?

Outcome Monitoring

Outcome monitoring, when required and appropriate, is the process of collecting data about knowledge, attitude, skills, or behaviors before and after the intervention. Outcome monitoring answers the question:

- Were there any changes in the clients' behaviors following the intervention?

Sample Outcome Monitoring and Evaluation Forms have been included in Appendix D to guide agencies.



Choosing Life: Empowerment, Action, Results!

CLEAR: Core Skill Session 1
Getting To Know Each Other

This page intentionally left blank.

CLEAR: Core Skill Session 1

Getting To Know Each Other

(65 Minutes)

Session Aims:

- To understand the purpose of **CLEAR** and what to expect from participating in **CLEAR** sessions.
- To create and make a commitment to ground rules that define expectations and behaviors for interactions while participating in **CLEAR**.
- To introduce the Feel-Think-Do (F-T-D) framework.
- To introduce two of the major techniques employed throughout **CLEAR**: the Feeling Thermometer and goal setting.
- To use the Feeling Thermometer to assess comfort with living with HIV.

Summary of Activities:

What Can CLEAR Do For Me? (15 minutes)

- The purpose of this activity is to build rapport between the counselor and the client as they get to know each other. A series of safe questions are used to initiate a dialogue. The client's expectations are explored and the goals of **CLEAR** are introduced. The description of the program is reviewed.

What is Our Commitment? (10 minutes)

- The purposes of this exercise are to increase rapport, create a safe environment, establish healthy standards, and encourage appropriate boundaries. The client and counselor will work to create and make a commitment to ground rules that define expectations and behaviors for interactions while participating in **CLEAR** sessions.

How Do I Feel About Living With HIV? (25 minutes)

- The purposes of this activity are to introduce and practice using the Feeling Thermometer. The activity serves as the first opportunity to explore the Feel-Think-Do (F-T-D) framework with the client. Living with HIV is discussed and related to the Feeling Thermometer.

What are Good Goals? (15 minutes)

- This activity introduces goal setting. It continues the rapport-building process and creates a positive expectation for the next session.

Required Materials: Core Skill Session 1

Handouts

- The Structure of CLEAR

Worksheets

- Feeling Thermometer
- Ground Rules

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- Structure of CLEAR

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Goal Log

Activity 1: What Can CLEAR Do For Me?

Time

- 15 minutes

Activity Materials

- Handout: Structure of CLEAR

Counselor Note

A series of non-threatening questions are used to initiate a dialogue and build rapport between the counselor and the client. The client's expectations are explored and the goals of CLEAR are introduced. The description of the program is reviewed.

The counselor is recommended to use a welcoming tone of voice and non-verbal cues like eye contact, posture, gestures, etc. to help create a safe, engaging environment for the client.

Introduction

Conduct introductions and get to know the client.

- ▶ **Hello (<name of client>)! Welcome to CLEAR.**
- ▶ **My name is _____, and I will be the person you'll be meeting with for the next several weeks.**
- ▶ **I'm really happy to meet you and look forward to getting to know you.**
- ▶ **To help us get to know each other better, I'd like to pose three questions both of us can answer.**
 - **First, let's share a little about ourselves, like where we're from and what we do for fun.**
 - **Next, let's name one thing we each like about our self, one thing we're good at, and one thing we like to do for others.**
 - **Then, let's describe the first time we can remember hearing about HIV.**

▶ I'll start. I'm from _____, and this is what I like to do for fun: _____.

▶ How about you?

Wait for the client to respond.

▶ One thing I like about myself is _____, one thing I'm good at is _____, and one thing I like to do for others is _____.

▶ How about you?

Wait for the client to respond.

▶ The first time I remember hearing about HIV was _____.

▶ How about you?

Wait for the client to respond.

▶ Thanks. That was great!

▶ Our time together is going to be very active.

▶ You will have the chance to talk and to try new things.

▶ I'm asking you to take a risk with me by sharing your thoughts and feelings about a lot of things, and to be open to hearing some new ideas and trying new ways of doing things.

▶ This process of self-discovery is also a lot of fun and rewarding as you will be learning to better express who you really are.

▶ This is a place where you won't be pushed or forced to do or say anything you don't want to.

▶ You will not be judged about how you feel, think, or act, so there is no such thing as making a mistake or saying the wrong thing.

▶ This is a space for you. This is a place where you can think out loud and experiment with new ideas.

▶ In a couple of minutes, we'll discuss further how we'll work with each other.

Client's Expectations

Discuss with the client his or her expectations. Correct any misconceptions the client may have about the program.

Note any potential life goals and/or prevention goals that will be discussed in Sessions 2 and 5, respectively.

- ▶ **Before you enrolled, you were given some information describing the purpose and goals of CLEAR. I'd like to know what made you interested in enrolling in the program.**
- ▶ **What do you hope to get out of this program?**

Listen and ask questions to clarify if necessary.

- ▶ **Thank you for sharing your thoughts. Now let me tell you more about CLEAR and how it can help you achieve some of the goals you just mentioned.**

Description of CLEAR and Its Goals

Give the client a copy of the Structure of CLEAR handout. Use it to give a brief overview description of CLEAR, its goals, and the structure of the intervention.



- ▶ **CLEAR stands for Choosing Life: Empowerment! Action! Results!**
- ▶ **That's a lot of words, so we'll just call it CLEAR!**
- ▶ **CLEAR is a series of one-on-one meetings. Each meeting takes approximately one hour. These meetings are an opportunity for you to talk about some of the important things in your life as well as some of the challenges you may be going through right now. We will be talking about the things that are going well in your life, steps you may have been taking toward taking better care of yourself, and areas in your life that you would like to improve.**
- ▶ **Now I would like to explain specifically how CLEAR works. The program is divided into two parts. The first part is made up of five, one-hour sessions. We call these sessions "Core Skill Sessions." During the Core Skill Sessions, we will talk about the kind of person you would like to be and the steps you may have already taken toward taking better care of your health. We will talk about some of the challenges or stressors that you may be going through and ways to cope**

with them. We will also talk about your relationships with others, specifically the way you communicate with people and whether your needs are being met.

- ▶ In each session, you will have an opportunity to set a small weekly goal related to something that is important to you that you would like to work on in between our sessions.
- ▶ In our fifth Core Skill Session, we will talk specifically about the areas of your life that relate to your physical health and affect your HIV disease. For example, sexual behavior, alcohol and drug use, health care, medication adherence, disclosing your HIV status, and coping with stigma. We will talk about whether any of these areas are prevention challenges for you. If so, we'll develop some specific prevention goals to work on within each of the topics. Together we will develop a prevention plan to help you achieve your prevention goals.

Point out the similarities between the client's expectations and the topics discussed in CLEAR.

- ▶ Based on the prevention plan we will develop together, the second part of the CLEAR program offers additional sessions to address the prevention goals you have selected. These sessions are opportunities to talk about and work on the areas of your life that are important to you.
- ▶ Do you have any questions about how CLEAR works?
- ▶ One thing that you will notice across all of our sessions is that we'll be paying close attention to the links between your feelings, thoughts, and actions. Why feelings, thoughts, and actions? Because you can gain control over how you respond to life situations by becoming aware of the connection between these three things.
- ▶ In every situation we encounter, we have a feeling about it (discomfort and a body reaction), we have a thought about it (what we say to ourselves), and we do something about it (the actions we take as a result of our feelings and thoughts). These three things – feelings, thoughts, and actions – are connected and influence each other.

Description of CLEAR and Its Goals

- continued

- ▶ The way feelings, thoughts, and actions influence each other in a situation usually occurs automatically, and we don't pay attention to it. The process happens so quickly that we don't see how they are connected.
- ▶ In our sessions, we will learn how we can slow down this process so that we can become aware of these connections and learn to gain control of our feelings, thoughts, and actions. You will begin to see that in all life situations, you have choices about how to respond in order to shape the outcome. You can use this process to make positive changes in various aspects of daily life. I will sometimes refer to this feeling, thought, and action process as "F-T-D." F-T-D stands for feel, think, and do (action). Overall, during our time together, the goal of CLEAR is to support you in:
 1. Achieving your life goals.
 2. Increasing positive feelings, thoughts, and actions.
 3. Developing daily routines to help you stay healthy.
 4. Protecting your health and the health of others by reducing behaviors that can lead to HIV and STI infection or reinfection.
- ▶ We'll express ourselves through artwork, learn relaxation exercises, and complete written exercises to practice the techniques and skills taught in the program. All of our work and notes will be kept in a workbook that I will keep safely locked here at the office. No one here at the agency, other than my supervisor and I, will have access to your workbook.
- ▶ Many other young people like yourself have participated in CLEAR. I hope you will share the same positive experiences they have reported.
- ▶ Do you have any questions?

Answer any questions the client raises.

Counselor Note

An individually tailored workbook is to be created for each client and used during each session. The workbook is the compilation of handouts, guidelines, and worksheets used in each session, and also contains the client's Prevention Plan.

Workbooks contain private and confidential information about the client, and thus should be locked up in a secure location that is only accessible by the prevention counselor and his or her supervisor. At the conclusion of the program, the client is given his or her workbook as a personal resource and a symbol of accomplishment.

Considerations for the workbook:

- Label workbooks using a client identification number instead of the client's name to ensure confidentiality.
- For easy reference, in the back of each workbook keep copies of the Feeling Thermometer, F-T-D Grid, Goal Setting Guidelines, SMART Problem-Solving Guidelines, and Assertive Communication handouts.
- Since all clients will go through the first five core skill sessions, each workbook will at minimum consist of handouts and worksheets from those sessions. To save time, photocopy handouts in advance and put together several workbooks at one time.
- If you are meeting with a client outside of the office, take his or her workbook with you. Make sure you have all the necessary handouts for the upcoming session.

Activity 2: What is Our Commitment?

Time

- 10 minutes

Activity Materials

- Worksheet: Ground Rules

Counselor Note

The purposes of this exercise are to increase rapport, create a safe environment, establish healthy standards, and encourage appropriate boundaries. The client and counselor will work to create and make a commitment to ground rules that define expectations and behaviors for interactions while participating in CLEAR Sessions.

- ▶ **To start, let’s talk about how we want our interactions to go.**
- ▶ **Let’s discuss how we will relate to and talk to each other during our time together.**

Begin a discussion of the counselor-client relationship.

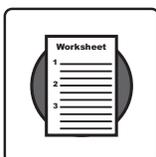
Experience with Counseling

- ▶ **First, tell me what your experience with counseling has been. I’d especially like to hear about what you liked about how your counselor(s) treated you, and what could have been improved.**

As the client discusses what he or she liked and did not like, develop ground rules. For example, if the client liked how the counselor listened, a possible ground rule could be “We listen to each other with an open mind.”

If the client has not had any counseling experience, elicit what they have heard about counseling or what their concerns are and what would make them more comfortable.

Distribute the Ground Rules worksheet. As you discuss the following areas, develop a ground rule for each of them. State the ground rule as a positive behavior, e.g., “Have fun!” Write the ground rules on the Ground Rules worksheet.



Confidentiality

- ▶ It's very important for you to feel safe knowing that what you tell me will be kept confidential. In other words, I won't tell anyone what you tell me. There are two exceptions to this rule. First, I am required by law to break confidentiality in the following situations: 1) suspicion of child or elder abuse; and 2) reasonable evidence that suggests you would harm yourself or others. The second exception is that I will talk about my clients with my supervisor in order to improve my skills.
- ▶ What do you think about confidentiality? How can I make you feel safe about our time together?

Discuss confidentiality and come up with a ground rule. (e.g., What is said here, stays here).

Write the ground rule on the Ground Rules worksheet.

Participation

- ▶ Our sessions would be very boring and the time would really drag if you were to come in here and not talk or participate. On the other hand, there may be things that are difficult for you to talk about.
- ▶ What are your thoughts about having to express your feelings?
- ▶ How much should you be required to participate? Is it OK to not say a word?

Discuss active participation. Come up with a ground rule about expressing feelings. State it as a positive (e.g., Be open to talking about your feelings, and express them without hurting yourself or your counselor.)

Write the ground rule on the Ground Rules worksheet.

- ▶ Is it OK to encourage you to participate in a challenging activity? How will I know when to stop?

Discuss pressuring the client to participate and come up with a ground rule. (e.g., Be an active participant but you can always "pass.")

Write the ground rule on the Ground Rules worksheet.

Listening/Tolerance

- ▶ **How about being judgmental or putting each other down? How can we be sure that neither of us feels put down?**

Discuss judging others and come up with a ground rule. (e.g., Accept others as they are.)

Write the ground rule on the Ground Rules worksheet.

- ▶ **How do you feel about us not listening to each other or having a closed mind?**

Discuss listening and having an open mind and come up with a ground rule. (e.g., Listen actively with an open mind.)

Write the ground rule on the Ground Rules worksheet.

Cell Phones/Pagers

Discuss the use of cell phones and pagers during CLEAR sessions. (e.g., Use cell phones and pagers after the session is over.)

Write the ground rule on the Ground Rules worksheet.

- ▶ **Are there other ground rules you think we should talk about?**

Encourage the client to bring up other areas and discuss them.

Develop additional ground rules as needed and write them on the Ground Rules worksheet.

- ▶ **That's a great set of ground rules.**
- ▶ **I have two more that need to be added. One concerns you coming to our sessions intoxicated or high. It's important that you are mentally and emotionally available when we meet; Being high or drunk is not permitted. If you do show up high or drunk we'll have to cancel and reschedule the meeting. You must be sober during our sessions. No exceptions!**
- ▶ **What do you think and how do you feel about what I've said about coming to our sessions sober? How difficult is that going to be for you?**

Reinforce being mentally and emotionally present.

- ▶ **The last rule I will add is simply to have fun. We should enjoy learning and growing together.**

Record these ground rules on the Ground Rules worksheet.

An example of a completed set of ground rules is as follows:

1. What is said here stays here.
2. Be open to talking about your feelings, and express them without hurting yourself or your counselor.
3. Ask questions. The only dumb question is the one you don't ask.
4. Be an active participant, but you can always pass.
5. Accept each other as we are.
6. Listen actively with an open mind.
7. Use cell phones and pagers after the session is over.
8. Be sober during the sessions. No exceptions!
9. Have fun!

► **I want this to be a safe place for you.**

After the list of ground rules has been finalized, ask the client to join you in signing off on them as a sign of your mutual commitment to each other.

Administrative Matters

Review administrative matters as needed, including:

- ◆ Scheduling: Time and day.
- ◆ Incentives (if any).
- ◆ Lateness.
- ◆ Missing sessions (Phone number for rescheduling sessions).
- ◆ Dropping out.

► **Do you have any questions about these details?**

Briefly respond to questions.

► **Now I would like to learn a little more about you.**

Activity 3: How Do I Feel About Living with HIV?

Time

- 25 minutes

Counselor Note

Explain the Feeling Thermometer and use it to identify body sensations that accompany different levels of discomfort. Introduce the concept of living with HIV, and identify feelings/attitudes toward HIV that encourage or discourage trying to stay healthy and improve the quality of one’s life.

Activity Materials

- Worksheet: Feeling Thermometer



Feeling Thermometer

Introduce the Feeling Thermometer.

- ▶ **We are going to talk about some of the feelings connected to living with HIV in today’s session, but before we continue, I want to introduce you to something we call the “Feeling Thermometer.”**
- ▶ **This is a tool we are going to use throughout the CLEAR sessions, and this is a good time to talk about it.**

Give the client a copy of the Feeling Thermometer worksheet.

- ▶ **Some of the things we will talk about during these sessions can make us feel uncomfortable.**
- ▶ **The Feeling Thermometer enables us to get a sense of just how uncomfortable we are in different situations.**
- ▶ **On the Feeling Thermometer a reading of 100, the top of the scale, means extreme discomfort—as uncomfortable as you can imagine something being.**
- ▶ **A reading of zero, the bottom of the scale, means you have no discomfort at all.**

- ▶ Where we are on the Feeling Thermometer at a given moment depends on who we are and the situation.
- ▶ For instance, when I started talking with you at the beginning of this session, my level of discomfort was higher than it is now. It started at around <state level>, but now that I've been talking with you for a while, it's down to about <state level>.
- ▶ My level of discomfort was higher at around <state level> when we first started as I was telling myself <state "unhelpful or distorted" thoughts>. Clearly these thoughts were making me feel quite uncomfortable. As you can see our thoughts affect our comfort level in different situations. Interestingly, our comfort level and thoughts also affect the way we behave. For example, as I began to feel more comfortable in our session, I was able to talk more freely and explain things more clearly.
- ▶ What makes us uncomfortable varies from person to person. What have you experienced that has made you extremely uncomfortable? That's a at the top of the scale. Can you give me a personal example of an experience that put you at 100 on the Feeling Thermometer? Take some time and try to think of an experience such as a situation, a person or a group of people, a place, a thought, or a feeling, that has made you feel extremely uncomfortable.

Give a minute for this, and then get an example from the client.

- ▶ OK, please write it down next to the 100 on your Feeling Thermometer worksheet.
- ▶ Now I'd like you to think of an example of a personal experience that has made you very uncomfortable. We are talking about situations, people, places, thoughts, or feelings that have caused you to be uncomfortable at the 75 level on the Feeling Thermometer.

Give a minute for this, and then get an example from the client.

- ▶ OK, please write it on your Feeling Thermometer worksheet.
- ▶ Now I'd like you to think about an experience that has made you uncomfortable at the 50 level on the Feeling Thermometer. That would be "somewhat uncomfortable"—halfway between "extremely uncomfortable" and "extremely comfortable."

Feeling Thermometer - *continued*

Give a minute for this, and then get an example from the client.

- ▶ **Finally, I'd like you to think about an experience that has made you be just mildly uncomfortable—a 25 on the scale. Remember, zero is “not uncomfortable at all.”**

Give a minute for this, and then get an example from the client.

- ▶ **After you do that, think of an experience that fits the very bottom of the Feeling Thermometer scale, where you felt absolutely zero discomfort.**

Give a minute for this, and then get an example from the client.

Discomfort and Physical Sensations

Introduce the idea that feelings of discomfort have physical sensations associated with them.

- ▶ **Now let's talk for a minute about the physical sensations that go along with having feelings of discomfort.**
- ▶ **If you think about it for a minute, this is something that might be familiar to you already. When you feel uncomfortable, your body is also having some reaction.**
 - **You may have a funny feeling in your stomach—a bad feeling in the pit of your stomach or an upset stomach.**
 - **You may be sweaty.**
 - **You may feel shaky.**
 - **You may feel cold or hot.**
 - **Your muscles may tense up—in your neck, your shoulders, your back.**
 - **Your mouth may feel dry, or it may be hard to swallow.**
- ▶ **Any of these things can happen.**
- ▶ **For example, remember our discussion about my Feeling Thermometer being at <state level> when we first began to meet, I felt the discomfort in my body <state body reactions>.**



- ▶ **If you are at a 25 on the Feeling Thermometer (mildly uncomfortable), you may have very few physical symptoms and it may be hard to notice them. But they are there.**
- ▶ **If you are near 100 on the scale (extremely uncomfortable), you may have different physical symptoms and they may be more intense.**
- ▶ **So, whenever you are feeling uncomfortable, your body is also reacting and sending a message.**
- ▶ **If we tune in, we can hear what our bodies are saying to us.**
- ▶ **When we talk about “feelings” in our meetings together, I would like for us to talk in terms of our level of discomfort using the Feeling Thermometer and our accompanying physical sensations. I am not so concerned with the name of those feelings, like anger, sadness, or happiness. We will focus on your Feeling Thermometer reading and the corresponding physical sensations.**

Review some of the discomfort examples in the 75-100 range that were given by the client and ask the client to identify the physical sensations associated with these particular discomfort situations.

- ▶ **To get a real-life sense of this, let’s look at some of examples you gave earlier of situations that caused discomfort in the 75-100 range on the Feeling Thermometer, things that made you very or extremely uncomfortable.**
- ▶ **Think about the physical sensations that went along with your discomfort in each instance. You may not be able to recall all of them, but you can recall some of them. How was your body reacting when you were uncomfortable in a particular situation?**

Allow time for the client to share physical symptoms of discomfort. Remember that sensations of discomfort can differ from person to person even when the situations are similar.

- ▶ **OK, that was good. Thanks for sharing.**
- ▶ **Different people have different levels of discomfort, even when the situations are similar. For example, I may be at a 100 when speaking in front of a group, whereas my friend may be at a 20.**

Discomfort and Physical Sensations

- continued

- ▶ **Also, how strong the bodily reaction is varies from person to person, even if all the situations are at the same Feeling Thermometer level.**

Highlight the significance of the Feeling Thermometer in order to help the client have an understanding of CLEAR's focus on the F-T-D framework. The client is not expected to entirely understand the framework at this point. There will be repeated opportunities throughout the sessions for the client to apply the F-T-D framework to his or her life. This discussion only serves as the first step.

- ▶ **Getting in the habit of identifying your Feeling Thermometer reading and the corresponding physical symptoms is important and helpful for several reasons.**
 - **The first reason is that by understanding and knowing ahead of time what situations make us uncomfortable, we can plan ahead about how we would like to handle those situations. For example, if I know that driving in traffic makes me uncomfortable and puts me at <state level> on the Feeling Thermometer, then I can pay attention to my thoughts before I get on the road or while I'm sitting in traffic to help stay at a comfortable level. I can also do some deep breathing or put on my favorite radio station as a way of keeping myself comfortable. If I stay at a comfortable level, I will have a peaceful and enjoyable drive. On the other hand, feeling uncomfortable and having negative thoughts racing through my mind would lead to a frustrating driving experience.**
- ▶ **Throughout our sessions, we will be talking about different things we can do to stay at a comfortable level.**
 - **The second reason is that the Feeling Thermometer helps us connect our level of discomfort to the way we think and act. We will talk more about this in our upcoming sessions.**
- ▶ **Do you have any questions?**

Answer questions briefly.

- ▶ That was a good discussion.
- ▶ We'll be using the Feeling Thermometer at different points in every session.

Assessing Level of Comfort with Living with HIV

Introduce assessing level of comfort with living with HIV.



- ▶ Now I would like us to pause for a moment.
- ▶ Think about how comfortable you are with living with HIV.
- ▶ People have different comfort levels about living with HIV.
- ▶ For example, seeing one's health care provider may be easy. Disclosing one's HIV status may be difficult.
- ▶ Think about what it is like for you personally to live with HIV. What aspects of living with HIV make you comfortable and uncomfortable. It may be difficult to share some of these feelings, but I would like you to try to give me three examples using the Feeling Thermometer.
- ▶ First, I'd like you to give me an example of an aspect of living with HIV where you have a Feeling Thermometer reading between 75 and 100 (e.g., taking medications). Second, I'd like an example where you have a reading between 40 and 60 (e.g., talking with the receptionist at the doctor's office). Third, I'd like an example where your reading is between 0 and 25 (e.g., being with friends at a support group).

Listen as the client shares.

For each example, ask the client to describe the accompanying physical sensations he or she experiences.

- ▶ You expressed some really important feelings to me. Thank you.
- ▶ In CLEAR, when we talk about our feelings, we're actually talking about your level of comfort and discomfort as measured by the Feeling Thermometer.

Activity 4: What Are Good Goals?

Time

- 15 minutes

Counselor Note

This activity introduces goal setting. It continues the rapport-building process and creates a positive expectation for the next session.

Activity Materials

- Worksheet: Goal Log
- Goal Card
- Handout: Guidelines for Goal Setting
- ▶ **We are coming to the end of today’s session so I would like to briefly review what we have already accomplished today.**
- ▶ **We talked about our expectations for our meetings together. We made a commitment to each other about how we will act during our meetings. We talked about the importance of slowing down the feelings, thoughts, and actions process to gain greater control over how we react to various life situations.**
- ▶ **We also focused in on the “feeling” part of the process today. We learned how to use the Feeling Thermometer to rate our level of discomfort in a situation, and we connected our Feeling Thermometer readings to physical sensations.**
- ▶ **We have one more skill to learn before we leave. It’s called goal setting.**
- ▶ **Goals are important because they give direction and purpose to your future. In this program we will be setting long-term and short-term goals. Setting a long-term goal is like setting a point in the horizon and then walking toward it. In your journey toward that point, you may have to adjust it every now and then based on changes in your life or what you learn along the way. We’ll be working on those in later sessions.**



- ▶ **Right now, we're going to learn about short-term goals. They are a little different than long-term goals in that the length of time is shorter. As such, they need to be reached within a short time frame. We'll be using short-term goals to create small stepping-stones that will help us reach our long-term goals.**
- ▶ **We're going to be setting a short-term goal that you can accomplish before our next meeting. This goal should reflect something that you want to accomplish before our next session. The goal can relate to what we did in our session, but it does not have to.**
- ▶ **To help us set a goal, we are going to refer to some guidelines for goal setting.**

Give the client a copy of the Guidelines For Goal Setting handout and review each guideline.

Guidelines For Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy. (40-60 on the Feeling Thermometer)
- Brief, specific, and clearly stated.
- Easy to tell when it is accomplished.

Answer questions and clarify as necessary. The counselor may use an example to demonstrate the guidelines for goal setting. A goal related to exercise may be, "I will walk for 30 minutes on Monday, Wednesday, and Friday morning." Show how this goal meets the criteria for good goals.

- ▶ **For this week I would like you to commit to doing at least one thing that is connected to the time we spent together today.**
- ▶ **It could be taking your reading on the Feeling Thermometer when you are having a strong negative reaction to a situation or person. Or it might be to return next week for our next session.**
- ▶ **You pick your own goal, but follow the Guidelines for Goal Setting.**

Guidelines For Goal Setting - *continued*

Suggestions for weekly goals:

- Practice using the Feeling Thermometer and note corresponding physical sensations in a stressful situation.
- Return next week and come on time.

Help the client set a goal. Answer any questions he or she has.

- ▶ **That's a great goal!**
- ▶ **We will review your goal at the beginning of our next session to see how it went.**

Goal Card

- ▶ **To succeed in your goal, you'll have to remember to do it!**
- ▶ **What do you usually do to remember tasks or goals? What works for you?**

If the client already has an effective technique for remembering tasks or goals, then suggest using the same technique for accomplishing their weekly goal.

Give the client a Goal Card.

- ▶ **To help you remember your goal, I'm going to give you a Goal Card. Go ahead and write your goal on the Goal Card. Try to think of a place you can keep it so it will help remind you of your goal, such as in your wallet or next to your bed.**
- ▶ **We will also write your goal on the Goal Log, which I will keep in your workbook so that both of us are on the same page when we meet next time and review your progress with your goal.**

The Goal Log is a record of the client's weekly goals and progress toward them. It is used at the end of the five Core Skill Sessions to document progress against the client's goals. The Goal Log is visited during the goal review at the beginning of each Core Skill Session to document the client's progress toward goal completion as well as to identify potential barriers.



Closure

- ▶ **At our next meeting, we'll be doing an activity that identifies the unique characteristics that you express when you are at your best. We'll talk about some of your long-term goals and your dreams for the future. We'll also learn a technique to lower our Feeling Thermometer readings so we can better respond to high stress situations. Our next session will begin to shape the purpose of the meetings we'll have together.**
- ▶ **Great work today! Our next session will be on [DAY, DATE, and TIME]. It's important that we continue to meet without a lot of time in between sessions, so I expect to see you on the date set. Before we stop I would like us each to share something that we got out of today's session or what we liked best about it. I'd like to go first.**

The counselor should model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

This page intentionally left blank.

Required Materials: Core Skill Session 1

Handouts

- The Structure of **CLEAR**

Worksheets

- Feeling Thermometer
- Ground Rules

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Goal Log

This Page Intentionally Left Blank.

■ The Structure of CLEAR

Five Core Skill Sessions

(All CLEAR clients complete these sessions.)

- Session 1: Getting to Know Each Other
- Session 2: Creating a Vision for the Future
- Session 3: Stressors and SMART Problem-Solving
- Session 4: Exploring Different Types of Communication
- Session 5: Putting it All Together

Other CLEAR Components

(CLEAR clients complete these components as desired.)

- Sexual Risk – Multiple sessions on: Why I Have Unsafe Sex, How to Use a Condom, Influencing a Partner to Use a Condom, Safe Sex, Refusing Unsafe Sex, Deciding when to Disclose HIV Status, and How to Tell your Sex Partner.
- Substance Use Risk – Multiple sessions on: Setting a Foundation for Change, Discovering your Internal and External Drug and Alcohol Triggers, Reaching your Goals around Injection Drug Use, and the Relationships Between Drugs, Alcohol, and HIV.
- Health Care and Self-Care – Multiple sessions on: Motivating to Stay Healthy, Attending your Health Care Appointments, and Partnering in your Health Care.
- Adherence – Multiple sessions on: The Effects of HIV Medications, Challenges to Taking your Medications, and Achieving Perfect Medication Adherence.
- Disclosure – Multiple sessions on Disclosure.
- Stigma – Multiple sessions on Stigma.

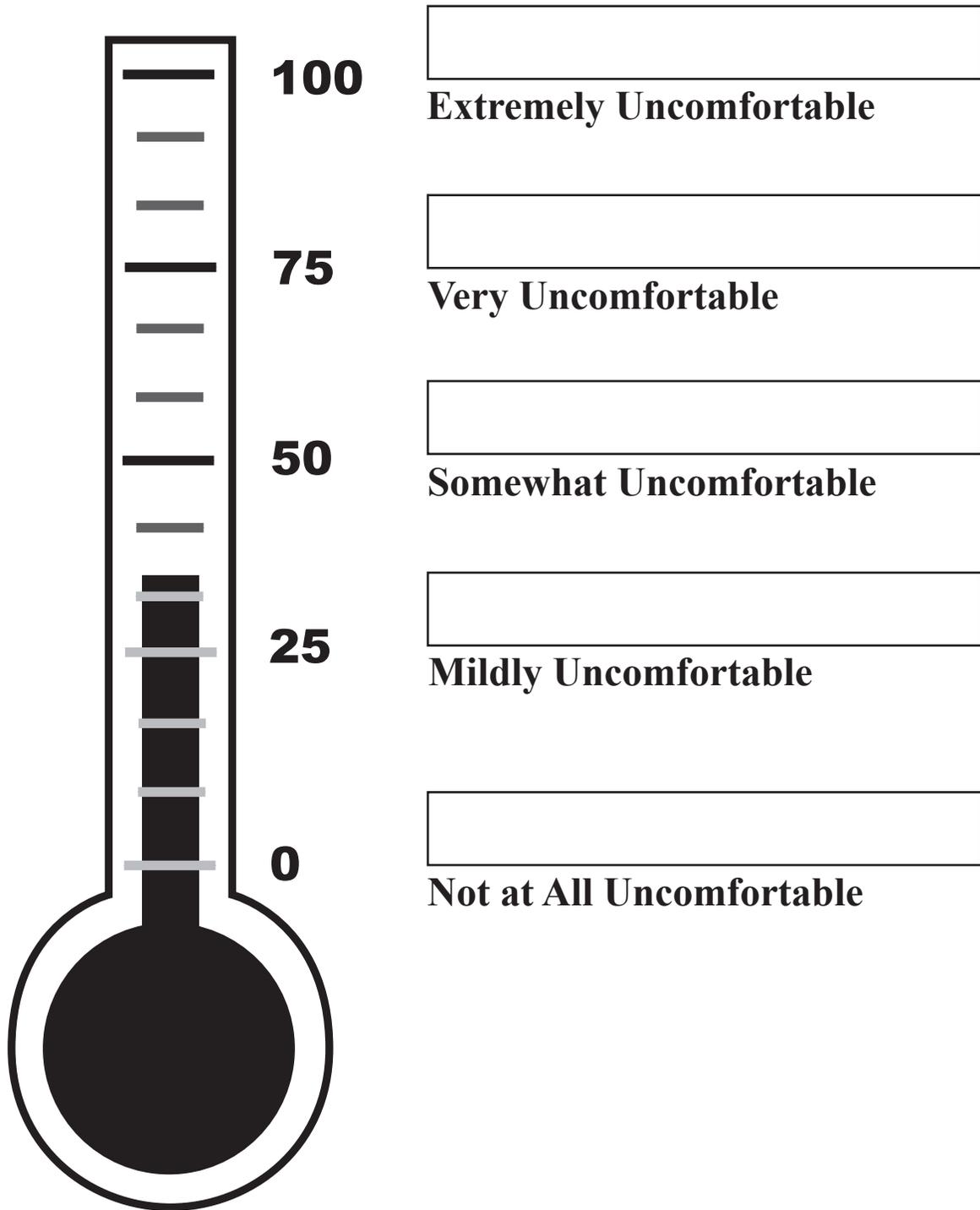
Wrap-Up!

(All CLEAR clients complete this session.)

- How Do I Maintain the Changes I Have Made?

This Page Intentionally Left Blank.

■ Feeling Thermometer



This Page Intentionally Left Blank.

■ CLEAR Ground Rules

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Signature of Client _____ **Date** _____

Signature of Counselor _____ **Date** _____



This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

■ Goal Log - Core Skill Session One

Date: _____

Short-term Session Goal: _____

What went well? _____

What would you have done differently? _____

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR: Core Skill Session 2
Creating A Vision For The Future

This page intentionally left blank.

CLEAR: Core Skill Session 2

Creating A Vision For The Future

(60 Minutes)

Session Aims:

- To introduce the concept of the Ideal Self and have the client describe characteristics of his or her Ideal Self.
- To assist the client in developing a life goal in order to motivate positive behavior.
- To teach a new relaxation technique.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of this session are outlined.

What is My Ideal Self? (15 minutes)

- The purpose of this activity is to elicit characteristics of the client's Ideal Self. The relationship between Feel-Think-Do and the Ideal Self is emphasized. The client is asked to identify where he or she needs to be on the Feeling Thermometer in order to think and act based on his or her Ideal Self.

How Can I Create a Vision For My Future? (20 minutes)

- The purpose of this activity is to identify specific life goals by drawing and discussing a picture which describes the client's future based on his or her Ideal Self.

How Can I Relax? (5 minutes)

- The purpose of this activity is to teach the client a new relaxation technique.

What's Next? (10 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials: Core Skill Session 2

Handouts

- Possible Ideal Self Characteristics
- Relaxation- Visualization

Worksheets

- F-T-D Grid
- Life Goals: What is Important to Me?
- My Ideal Self

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting

Laminated Cards and Additional Items

- Paper and markers (i.e. collage items)

Materials Needed in Every Core Skill Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Goal Log

Activity 1: Check-In

Time

- 10 Minutes

Activity Materials

- Goal Log

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Review

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**
- ▶ **The last time we met, you set a goal.**

Review the goal with the client.

- ▶ **How did it go?**

In response to accomplished goals:

- Praise efforts and success.
- Relate accomplished goal to F-T-D.

For example:

- Feeling Thermometer: 10
- Physical reaction: “deep breath, tension released in shoulders”
- Thinking: “I can do this”
- Doing: “Completed my goal”

In response to unaccomplished goals:

- Praise any small effort and approximations to goal.
- Relate unaccomplished goal to F-T-D.

For example:

- Feeling Thermometer: 100
- Physical reaction: “shaky hands, tightened stomach”
- Thinking: “This is too much ...I’m never going to be able to do this”
- Doing: “Gave up”

Identify barrier(s) to goal accomplishment.

Counselor Note

If the Goal Was Not Met

What got in the way of accomplishing your goal from last week?

In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).

Model goal setting by addressing that perhaps the “right” goal was not chosen the previous week (i.e., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.

Goal Review - *continued*

- ▶ **Let's take a moment and record your progress in your Goal Log.**

Record the client's progress on the Goal Log. The Goal Log is where the client's short-term, weekly goals are recorded. Keep the goal log in the client's workbook.

- ▶ **I see you've been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce today's session topic to you.**
- ▶ **Remember that our sessions are about looking at how our feelings - meaning our Feeling Thermometer and body reactions - thoughts and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to be smart in the way we think and act, to have less stress, and to protect ourselves and other people.**
- ▶ **Today we are going to talk about an important concept called the Ideal Self. The Ideal Self is who you are at your best. You will have the opportunity to identify some of the characteristics of your Ideal Self and learn about how you already express many of these characteristics.**
- ▶ **We will also talk about some of the goals and dreams that you may have for your future. Your Ideal Self and your vision of your future will help you make decisions in your daily life and will help us set some short-term goals at our meetings.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: What Is My Ideal Self?

Time

- 15 minutes

Activity Materials

- Handout: Possible Ideal Self Characteristics
- Worksheet: My Ideal Self

Counselors' Note

Elicit values and thoughts of what is important to the client. Explore how one's concept of the Ideal Self might impact living a healthy life.

The concept of the Ideal Self is used to help the client pinpoint his or her values as they relate to how he or she would like to behave. Identification of the Ideal Self serves as a guideline for behavioral decision-making.

A client will likely understand that he or she already possesses the values of their Ideal Self. The purpose of the Ideal Self is to have clients use these values to make smart decisions about healthy behaviors.

The client is asked to identify where he or she needs to be on the Feeling Thermometer in order to think and act based on his or her Ideal Self.

Introduction of the Ideal Self

Introduce the concept of the Ideal Self.

- ▶ **The image we have of ourselves as we would like to be—our positive traits and strengths—is called our “Ideal Self.”**
- ▶ **It reflects what we hope and strive to be, not necessarily what we may be now. It may also include some of the traits that we used to have and somehow lost along the way.**
- ▶ **Your Ideal Self is really a kind of goal, and for this reason it is sometimes called your “hoped-for self”—the type of person you would like to become more and more in the future.**
- ▶ **The decisions and thoughts in our lives can be guided by our Ideal Self. For example, if your Ideal Self is someone who is self-loving, you may be more motivated to take better care of your health. Another example would be if your Ideal Self is someone who is responsible, you might be more likely to keep all of your appointments. So as you can see, our Ideal Self can dictate the choices we make, the thoughts we have, and the type of life we live.**
- ▶ **So let’s spend some time getting a better picture of what you see as your Ideal Self.**



Identifying Your Ideal Self

Give the client a copy of the Possible Ideal Self Characteristics handout.

- ▶ **I am going to give you a list of words that will help you in thinking about your Ideal Self.**
- ▶ **Read through the list and see which words describe the kind of person you want to be. Remember that we each have a unique Ideal Self. There is no right or wrong about the traits that you choose as your Ideal Self. Your Ideal Self consists of any characteristics that you value, ones that are especially important to you.**

Allow a minute for the client to read the list. Then give the client a copy of the My Ideal Self worksheet.

- ▶ **Now I am going to pass out another sheet that has five blanks on it.**
- ▶ **I want you to write down five words that you believe best describe what you see as your Ideal Self.**

Identifying Your Ideal Self - *continued*

- ▶ You can use words from the list I gave you or use your own words.
- ▶ It doesn't matter what order you write the words in.
- ▶ Do you have any questions?

Answer questions, and then give the client 3-4 minutes to fill out the form.

- ▶ Have you finished? Good.
- ▶ Would you be willing to share something about your Ideal Self? You don't need to read everything you wrote down, but you can if you want.

Encourage sharing of the words the client wrote on the My Ideal Self worksheet, but do not put the client on the spot if he or she does not wish to share.

Keep the My Ideal Self handout in the client's workbook. The client's Ideal Self characteristics will be used throughout the CLEAR sessions. It is helpful for the counselor to be familiar with these characteristics.

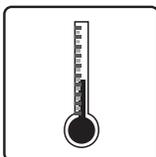
Ask the client to identify a recent situation where the client's thoughts and actions were guided by his or her Ideal Self. Use the F-T-D Grid handout to link the situation to feelings, thoughts, and actions.

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action

- ▶ Can you think of a recent situation where your thoughts and actions were guided by your Ideal Self?
- ▶ Tell me a little about the situation. Let's write the situation down on the F-T-D Grid worksheet.

Distribute the F-T-D Grid worksheet.

- ▶ Where were you on the Feeling Thermometer?
- ▶ How did your body react?



- ▶ **What were your thoughts? Let's write them down on the F-T-D grid.**
- ▶ **What were your actions? Let's write them down on the F-T-D grid.**
- ▶ **Thanks for sharing. Looking at the chart, what do you notice? How do you think your feelings, thoughts, and actions were affected by each other? How do you think your Ideal Self impacted your comfort level, thoughts, and actions?**

Based on the client's comments, emphasize that we are often more comfortable (i.e., a low Feeling Thermometer reading) when we operate based on our Ideal Self. Explore the link between the Ideal Self, thoughts, and actions.



- ▶ **Let's look at the flipside. Can you think of a recent situation where your thoughts and actions went against your Ideal Self?**
- ▶ **Tell me a little about the situation. Let's write the situation down on the F-T-D grid.**
- ▶ **Where were you on the Feeling Thermometer?**
- ▶ **How did your body react?**
- ▶ **What were your thoughts? Let's write them down on the chart.**
- ▶ **What were your actions? Let's write them down on the chart.**
- ▶ **Thanks for sharing. Looking at the F-T-D grid, what do you notice? How do you think your feelings, thoughts, and actions were affected by each other?**
- ▶ **If you had been acting as your Ideal Self, where do you think you would have been on the Feeling Thermometer? What kind of thoughts would you have had in this situation? How would you like to have behaved in this situation?**



Based on the client's comments, emphasize that we are often uncomfortable (i.e., a high Feeling Thermometer reading) when our actions are not consistent with our Ideal Self. A high Feeling Thermometer reading may distort our judgment and we may lose sight of our Ideal Self. Subsequently, we experience negative, unhelpful thoughts, which then lead to unhealthy actions.

Identifying Your Ideal Self - *continued*

- ▶ **We will be using this F-T-D grid you just filled out in our future sessions when we talk about our Ideal Self again.**
- ▶ **I would like to ask you one last thing before we move on to the next activity. Where would you need to be on the Feeling Thermometer for you to be able to think and act based on your Ideal Self?**

A high level of discomfort often makes it difficult for us to think and behave based on our Ideal Self. It is helpful for the client to develop an understanding of the relationship between F-T-D and the Ideal Self.

This page intentionally left blank.

Activity 3: What Do I Want In the Future?

Time

- 20 minutes

Activity Materials

- Goal Card
- Paper and Markers (i.e. collage items)
- Worksheet: Life Goals: What is Important to Me?

Counselor Note

Reflecting on the Ideal Self, the client identifies a series of life goals and draws a picture describing the future they want. Then the client discusses his/her goals, the picture, and his/her future.

The purpose of this exercise is to get the client excited and motivated to participate in **CLEAR** and learn the skills taught in the program by getting in touch with his or her hopes and dreams for the future. This vision of the future is intended to inspire the client to commit to **CLEAR**.

The life goals discussed in this session may be referred back to throughout **CLEAR** as a way of reminding the client why he/she is participating in **CLEAR**.

Thinking About Your Future

- ▶ **In the last exercise we talked about your Ideal Self, the person you would like to be at your very best. We also talked about how our Ideal Self can influence the thoughts we have, the choices that we make, and the goals we set for ourselves.**
- ▶ **Now we are going to do two activities to help us think concretely about the future.**

Life Goals

- ▶ **First, I am going to ask you to think about some of your goals for the future. You can find these goals in your daydreams, in what you think about when you are alone, and in what you talk to your closest friends about. Why do you think it is important for us to talk about your goals for the future?**

Get the client's response. If needed, discuss that having goals is important because:

1. People with goals are usually more interested in taking care of themselves.
2. People who work toward goals are often happier and more likely to have the future they want.
3. People with goals in mind have a powerful reason for sticking around and living a long, healthy life .

Distribute the Life Goals worksheet.



- ▶ **Our first activity involves completing this Life Goals worksheet. There are different types of goals and dreams that people have; for example: education, work, romance/ marriage, friends, achievements, and feeling good about oneself. Some suggestions of life goals are listed on the handout, but they are just examples. I want to emphasize that what is important to one person won't be important to someone else. Each person's life goals are valuable. I want you to write in your goals. You can make new categories or use some of the categories on the sheet. You don't have to share your goal sheet with me if you don't feel comfortable.**
- ▶ **Keep two things in mind as you complete this handout: 1) your Ideal Self, and 2) the guidelines for goal setting we talked in about our last session.**

Review the goal setting steps with the client. It is imperative for the client's goals to be made according to the guidelines for goal setting in order to optimize the client's success.

Allow five minutes for the client to complete the Life Goals worksheet.

- ▶ **Would you like to share any of your goals with me? I would like you to keep these goals in mind throughout the CLEAR sessions. These goals, along with your Ideal Self, can motivate you to make the best decisions for yourself in different areas of your life.**

Life Goals - *continued*

The purpose of the goals discussion is to inspire the client to reduce risky behaviors and enhance emotional and physical well-being. For example, if a goal of the client is to obtain a college degree, taking care of his or her health is an important step toward being able to attend classes. And, to stay healthy, the client will need to practice safer substance use and sexual behavior.

This is a good time to discuss how and from whom the client receives emotional support and encouragement.

- ▶ **Would you be interested in working toward one of these life goals in our sessions together?**

Have the client identify the life goal he or she wants to work on during the following CLEAR sessions. Ask the client to write the life goal on the Life Goals worksheet.

- ▶ **We can make one of your life goals a project and set small goals each week toward accomplishing that bigger life goal. This is important because big life goals can feel overwhelming. It helps to start out by taking small steps. Over time, these small steps will add up and move you closer to your big, life goal.**

Support the client in setting a small weekly goal toward his or her life project goal based on the goal setting guidelines.

If the client's selected life goal or any of his or her identified life goals relate to the menu sessions, tell the client that there are additional sessions that the program offers that can support him or her in achieving that life goal.

Picturing Your Future

Counselor Note

An assortment of magazine, scissors, and glue could be substituted for paper and markers, and the client could be invited to create a collage using material cut from the magazines.

- ▶ **Begin by taking a minute to really think about what you want in the future. Then use a picture to express it.**

- ▶ **In addition to a picture, you can also use certain words, short lyrics, or a poem. Be as creative as possible with the resources that we have available.**
- ▶ **If you do not think you are a good artist, don't worry about it. Clarifying what you want in the future is the goal.**
- ▶ **After you have thought about what you want in your future, take about five minutes to draw a picture that represents it. Then we will talk about the picture.**
- ▶ **Think about what you want in your future.**
- ▶ **Remember to be as creative as possible. Don't worry if you don't think you are a great artist or that you can't draw. Your pictures will be unique expressions of who you are.**
- ▶ **Are there any questions?**

Allow about five minutes for the client to complete his or her picture.

- ▶ **Tell me about your picture.**

Have the client describe it and explain each element. Point out connections with their image of their Ideal Self.

- ▶ **How comfortable were you talking about your future? What reading would you give this discussion on the Feeling Thermometer? Remember, 100 is extremely uncomfortable, and zero is not at all uncomfortable.**



Encourage the client to share his or her discomfort levels using the Feeling Thermometer.

- ▶ **I really enjoyed hearing about the future you envision for yourself. You brought up some important issues. Thank you.**

Activity 4: How Can I Relax?

Time

- 5 minutes

Activity Materials

- Handout: Relaxation- Visualization

Counselor Note

The purpose of this exercise is to reduce tension and negative thoughts. A new relaxation technique is introduced. Relaxation can ensure that a comfortable Feeling Thermometer reading is maintained so that we can stay in touch with our Ideal Self and, therefore, think and act based on our Ideal Self.

- ▶ **I am going to take you through a brief relaxation exercise that's designed to reinforce and strengthen your Ideal Self.**
- ▶ **As you'll remember, in our last session we talked about the importance of lowering our Feeling Thermometer reading when we are extremely uncomfortable so we can better respond to the stressful situation. You also told me earlier today that you would like to be at a <state Feeling Thermometer reading> in order to be able to think and act based on your Ideal Self. This relaxation technique is useful for helping you reach your ideal comfort level.**
- ▶ **Just listen to what I say and follow my instructions as closely as you can.**
- ▶ **Here we go!**



Relaxation Exercise

Get yourself as comfortable as possible. You can close your eyes if you wish.

Let your mind become quiet and become aware of your breathing.

Don't try to change it- just feel it.

In and out. In and out.

Now take a deep breath in.

Let it out slowly.

With each inhale feel the cool air come in and flow through your chest, your shoulders, your arms, and your fingertips.

Exhale out all of the tension. *Pause.*

Feel your body become wonderfully relaxed. *Pause.*

Feel the peace in your body. *Pause.*

I want you to use your imagination and imagine a place that is safe, calm, and filled with good feelings. It's a place that is not too cool and not too warm—just the perfect temperature.

Take a look around and notice the beautiful colors. *Pause.*

Listen and hear the soothing sounds. *Pause.*

Let this wonderful place surround you. *Pause.*

Right now, your head is clear and calm.

You think light thoughts. There's no confusion.

Say to yourself "clear mind, light thoughts."

"Clear mind, light thoughts." *Pause.*

Spend a few moments looking around and exploring the tranquility around you. *Long Pause.*

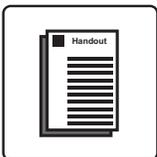
On your next breath I would like you to wiggle your toes and fingers. Slowly open your eyes.

Go ahead and yawn and stretch.

How do you feel?

Encourage the client to share his or her feelings.

Distribute a copy of the Relaxation-Visualization handout.



Activity 5: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Goal Log

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

- ▶ **We are at the end of our session. Before we set our weekly goal, I just want to review what we learned today and share some of my observations about our session.**
- ▶ **Today we talked about what is important to you and identified characteristics of your Ideal Self. We found that you already show many of these characteristics. We then talked about what you envision for your future and found that many things you want in your life reflect your Ideal Self. Finally, we learned a new relaxation technique, which can help you get back in touch with your Ideal Self during stressful situations so you can think and act in a smart way in the moment.**
- ▶ **I want to point out that your Ideal Self and your vision of your future can help guide you in making decisions in your daily life and can help you set both long- and short-term goals in this program.**

Praise the client for something positive he or she did during the session. e.g., "I really liked that you engaged in every activity we did today."

- ▶ **Now, let's take a few minutes and think about what your short-term goal is going to be for the next week.**

Encourage the client to select a small weekly goal that serves as a step toward the long-term life goal he or she identified earlier.

- ▶ **You can think of a short-term goal that you set for yourself as one step toward accomplishing the Life Goal you selected today to work on. Very often, short-term goals involve getting information and materials, or learning a skill that you might need to accomplish your bigger goal.**
- ▶ **As you think about your short-term goal for this week, keep in mind the characteristics of your Ideal Self and your bigger life goals. Our Ideal Self and our future dreams and goals often influence the types of short-term goals we choose.**

Because they influence healthy behavior change, the characteristics of the client's Ideal Self and his or her life goals should be consistently integrated into weekly short-term goal setting.

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Suggestions for weekly goals: This week...

- Identify a specific situation where you would like to express one of the characteristics you identified as part of your Ideal Self.
- Take a small step toward one of the life goals you've identified.
- Practice using today's relaxation technique to relieve stress and tension in your life.

The client is encouraged to identify two goals: 1) a short-term weekly goal that supports the client's accomplishment of his or her long-term life goal identified earlier in the session, and 2) a short-term weekly goal that relates to today's session topic.



Guidelines for Goal Setting - *continued*

If the client appears to struggle with having two simultaneous goals, the client may select only one goal, preferably related to the session topic. However, the Counselor should not lose sight of the client's life goal. It is recommended that the life goal be referred to in each session.

Direct the client to the goal log, and have him or her write out the goal in the Goal Log and on a Goal Card. The client should take the Goal Card home as a reminder for the upcoming week.

- ▶ **We will review your goal at the beginning of our next session to see how you did. I will keep the Goal Log in your workbook. This way, both of us are on the same page when we meet next time and review your progress with your goal.**

The Goal Log will be used during the five Core Sessions of **CLEAR** to document the client's goals. The Goal Log is visited during goal review to document the client's progress toward their goal as well as to identify and problem solve around any potential barriers. Note that the Goal Log is also used at the end of the session during goal setting to record the client's goal(s) for the coming week.

- ▶ **Great work today. Our next session will be on [DAY, DATE, AND TIME]. You are working hard to make changes in your life and making progress toward reaching your goals. At this point in your growth, it's important that we continue to meet without a lot of time in between sessions, so I expect to see you on the date set. Before we stop I would like us to share something that we got out of, or what we liked best about today's session. I'd like to go first.**

The counselor should model this by going first.

Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you could apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Core Skill Session 2

Handouts

- Possibel Ideal Self Characteristics
- Relaxation - Visualization

Worksheets

- F-T-D Grid
- Life Goals: What is Important to Me?
- My Ideal Self

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Goal Log

This Page Intentionally Left Blank.

■ Possible Ideal Self Characteristics

- Strong
- Caring
- Wise
- Courageous
- Responsible
- Physically Fit/ Healthy
- Forgiving
- Self-Loving
- Honest
- Calm
- Giving
- Loving
- Focused
- Respectful
- Financially Secure
- Fair
- Spiritual
- Friendly
- Loyal

This Page Intentionally Left Blank.

■ Relaxation: Visualization

This relaxation exercise is designed to reinforce and strengthen your Ideal Self.

Get yourself as comfortable as possible. You can close your eyes if you wish.

Let your mind become quite and become aware of your breathing.

Don't try to change it- just feel it.

In and out. In and out.

Now take a deep breath in.

Let it out slowly.

With each inhale feel the cool air come in and flow through your chest, your shoulders, your arms, and your finger tips.

Exhale out all of the tension. *Pause.*

Feel your body become wonderfully relaxed. *Pause.*

Feel the peace in your body. *Pause.*

I want you to use your imagination and imagine a place that is safe, calm, and filled with good feelings. It's a place that is not too cool or not too warm—just the perfect temperature.

Take a look around and notice the beautiful colors. *Pause.*

Listen and hear the soothing sounds. *Pause.*

Let this wonderful place surround you. *Pause.*

Right now, your head is clear and calm.

You think light thoughts. There's no confusion.

Say to yourself "clear mind, light thoughts."

"Clear mind, light thoughts." *Pause.*

Spend a few moments looking around and exploring the tranquility around you. *Long Pause.*

On your next breath I would like you to wiggle your toes and fingers. Slowly open your eyes.

Go ahead and yawn and stretch.

How do you feel?

This Page Intentionally Left Blank.

F-T-D Grid

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action

This Page Intentionally Left Blank.

■ Life Goals: What is Important To Me?

Under each category write your goals. You can have more than one goal in a category.

Education (examples: Get my GED; get my B.A. or A.A. degree; get a training certificate):

Work (examples: keep one job for a long time or work as a nurse):

Relationship with Others:

- ***Partner:*** (examples: find a partner who accepts my HIV, be with a partner who does not hit me or verbally put me down):

- ***Friends:*** (example: find friends that will support the positive changes I want to make in my life)

- ***Family:*** (example: share my HIV status with family members that I think can emotionally support me)

- ***Others:*** (example: health care provider)

Achievements (example: learn to drive or play an instrument):

Feeling Good About Myself (examples: exercising or keeping a healthy diet):

Other:

The life goal I want to work on during CLEAR is:

This Page Intentionally Left Blank.

■ My Ideal Self

1.

2.

3.

4.

5.

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

■ Goal Log - Core Skill Session Two

Date: _____

Short-term Session Goal: _____

What went well? _____

What would you have done differently? _____



My life goal is: _____

Short-term Session Goal: _____

What went well? _____

What would you have done differently? _____

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR: Core Skill Session 3
Stressors and SMART Problem-Solving

This page intentionally left blank.

CLEAR: Core Skill Session 3

Stressors and SMART Problem-Solving

(60 Minutes)

Session Aims:

- To introduce **CLEAR** Thinking to counter unhelpful thoughts and replace them with helpful thoughts.
- To use SMART Problem-Solving to find solutions to problem situations.
- To teach a new relaxation technique.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, to create a safe environment, to increase self-esteem, and to shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of this session are outlined.

What are My Current Stressors? (10 minutes)

- The client identifies a short list of stressors in order to create an opportunity to learn, apply, and practice the **CLEAR** Thinking and SMART Problem-Solving skills in the remainder of the session. The client's uses the Feeling Thermometer to assess his or her comfort level with each identified stressor. The client learns that in response to each stressor, there are choices about the way one can think and act. The goal is to come up with helpful and healthy thoughts and actions.

What is CLEAR Thinking? (10 minutes)

- The purpose of this exercise is to introduce **CLEAR** Thinking. The client learns how to counter or argue against unhelpful thoughts and replace them with **CLEAR** Thoughts. The characteristics of the client's Ideal Self should help influence his or her **CLEAR** Thinking.

What is SMART Problem-Solving? (15 minutes)

- The client identifies a problem situation that is interfering with achievement of his or her goals and applies SMART Problem-Solving steps to this situation.

How Can I Relax? (5 minutes)

- The client learns and practices a relaxation technique.

What's Next? (10 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials: Core Skill Session 3

Handouts

- Relaxation: Releasing Tension
- SMART Problem-Solving Guidelines

Worksheets

- Applying SMART Problem-Solving

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Goal Log

Activity 1: Check-In

Time

- 10 Minutes

Activity Materials

- Worksheet: Goal Log

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Record the client’s progress against each goal in the client’s workbook.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce today’s session topic to you.**
- ▶ **Remember that our sessions are about looking at how our feelings - meaning our Feeling Thermometer and body reactions - thoughts, and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people.**
- ▶ **Today we will be looking at some of the stressors or problems that you have experienced recently. We will then talk about some helpful ways to cope with your stressors.**

Introduction to Today's Session - *continued*

- ▶ **We will also learn a technique called SMART Problem-Solving and apply it to current problems in your life that are keeping you from reaching your goals. Finally, we will learn a new relaxation technique that will help you release some of the stress you accumulate in daily life.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: What Are My Current Stressors?

Time

- 10 minutes

Activity Materials

- Blank notebook paper

Counselor Note

The client identifies a short list of stressors in order to create an opportunity to learn, apply, and practice the **CLEAR** Thinking and SMART Problem-Solving skills in the remainder of the session. The client's uses the Feeling Thermometer to assess his or her comfort level with each identified stressor. The client learns that in response to each stressor, there are choices about the way one can think and act. The goal is to come up with helpful and healthy thoughts and actions.

Identify Current Stressors

- ▶ We're going to talk about problems or stressors in your life and ways to solve them.
- ▶ Everyone has problems of some kind—with relationships, family, friends, housing, paying bills, work, school, doctors, case workers, and so on.
- ▶ These problems make it hard to focus on the positive parts of your life and achieving your big goals, like staying healthy. Sometimes stressors may also get in the way of your life goal, <insert client's selected life goal from the previous session>.
- ▶ What are some of the stressors you are facing right now that have put you at a 40-100 on the Feeling Thermometer?
- ▶ How are these problems getting in the way of reaching a positive goal in your life?





Allow the client the opportunity to identify 2-3 important personal stressors. Write each issue on a sheet of paper. Use the Feeling Thermometer to assess the client's comfort level with each stressor.

Ask the client to select a stressor that the client would like to focus on during the session. Encourage the client to select a stressor that he or she is moderately uncomfortable about (40-60 on the Feeling Thermometer). A stressor that causes high discomfort (i.e., above a 70 on the Feeling Thermometer) may be perceived as too overwhelming. The client may not be able to successfully apply the skills of the intervention to coping with the stressor.

The problem should be defined as specifically as possible. Break the stressor into smaller and more concrete pieces. For example, if the problem is "my boyfriend," identify what about the boyfriend is a problem (i.e., "My boyfriend is the problem because he won't wear a condom.", "He never contributes to the rent.", "He gets mad if I don't get high with him.")

The client may not wish to share all of his or her problems; be sensitive to the feelings of individuals who do not wish to share.

How Do I Cope with Stressors?

- ▶ **Different stressors and problems can come up in life. The key is how you deal with life problems so that they don't negatively affect you.**
- ▶ **How do you usually cope with your stressors?**

Engage the client in a discussion. Listen for problematic coping strategies (e.g., alcohol or drug use) that can be addressed in subsequent CLEAR sessions.

- ▶ **You mentioned earlier that you are at a <insert Feeling Thermometer reading> on the Feeling Thermometer in response to <insert identified stressor>. How do you cope with this particular stressor?**
- ▶ **We will spend the remainder of our session talking about ways that you can lower your Feeling Thermometer reading and feel more comfortable about some of your current stressors.**
- ▶ **We can cope with stressors in two ways.**

How Do I Cope with Stressors? - *continued*

- ▶ **One is CLEAR Thinking. CLEAR Thinking is thinking differently, i.e., seeing the situation in a different way; saying more positive and helpful things to yourself; and arguing against the negative and unhelpful thoughts you have.**
- ▶ **Another way to cope is SMART Problem-Solving. SMART Problem-Solving is acting differently, i.e., brainstorming different choices and selecting the best one.**
- ▶ **We are going to spend the remainder of this session practicing these two skills.**

This page intentionally left blank.

Activity 3: What is CLEAR Thinking?

Time

- 10 Minutes

Activity Materials

- None

Counselor Note

The purpose of this exercise is to introduce **CLEAR** Thinking. **CLEAR** Thinking consists of three techniques: (1) self-talk — saying more positive and helpful things to one’s self; (2) reframing — seeing a situation in a different way; (3) arguing against the negative and unhelpful thoughts one has.

CLEAR Thinking

- ▶ **CLEAR Thinking is thinking differently.**
- ▶ **Let’s first focus on what I mean by thinking differently.**
- ▶ **Sometimes you can’t change the situation, but you can make the most out of it.**
- ▶ **For instance, you are not able to change the fact that you have HIV. However, you can focus on the positive aspects of living with HIV and reframing the situation. For example, sometimes people appreciate life more because of having HIV. They are more motivated to work toward their goals.**
- ▶ **To get started, I would like you to use your Feeling Thermometer to rate your level of comfort related to certain ways that you may usually think.**
- ▶ **I will read a thought that you might have when you are about to go in for a job interview. Tell me where you would be on the Feeling Thermometer if you had this thought.**



Read each situation and ask the client to state his or her Feeling Thermometer reading.

1. **You are on your way to the interview and you say to yourself, “I am confident, and I am going to do really well in this interview.”**

2. You are on your way to the interview and you say to yourself, **“This is going to be very hard, and I might blow it.”**
3. You are on your way to the interview and you say to yourself, **“If I don’t do well, this means I will never find a job.”**
 - ▶ How do different things you say to yourself can change your Feeling Thermometer reading?
 - ▶ Which thought would set you up to do best on the interview? Why?
 - ▶ As you can see, our thoughts have an affect on our level of comfort and the way we act.

Ask the client to practice CLEAR Thinking by applying it to the stressor identified in Activity 2.

- ▶ Let’s look at one of the stressful situations you had listed. In that situation, what are some unhelpful things you might say to yourself?



Use the Feeling Thermometer to assess the client’s comfort level with unhelpful thoughts.

- ▶ When you think of those unhelpful thoughts, where are you on the Feeling Thermometer?
- ▶ How could you use CLEAR Thinking in this situation?
- ▶ CLEAR Thinking is thinking differently, i.e., reframing by seeing the situation in a different way; using self-talk to say more positive and helpful things to yourself; and arguing against the negative and unhelpful thoughts you have.
- ▶ Keeping your Ideal Self in mind, how could you see the situation in a different way? Say more positive and helpful things to yourself? Argue against the negative and unhelpful thoughts you have?
- ▶ What helpful things could you say to yourself instead?
- ▶ Is there a more positive way you could look at the situation?



Use the Feeling Thermometer to assess the client’s comfort level with CLEAR Thinking.

CLEAR Thinking - *continued*

- ▶ **Where does CLEAR Thinking put you on the Feeling Thermometer?**
- ▶ **As you can see, CLEAR Thinking can be an effective way of lowering your Feeling Thermometer reading.**
- ▶ **How could the outcome of a situation be different based on your CLEAR Thinking and a lower Feeling Thermometer reading?**

This page intentionally left blank.

Activity 4: What is SMART Problem-Solving?

Time

- (15 Minutes)

Activity Materials

- Worksheet: Problem-Solving Guidelines
- Worksheet: Applying SMART Problem-Solving

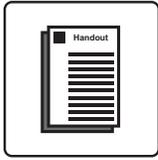
Counselor Note

The SMART Problem-Solving method is introduced. A problem identified by the client is used to illustrate the method. This skill is intended to create behavior change. It slows down reaction speed by encouraging the client to think before they act. The impact of how skipping “thinking” about various choices might negatively impact an outcome is discussed.

Problem-Solving

Introduce Problem-Solving

- ▶ **Another way to cope with stressors is SMART Problem-Solving.**
- ▶ **SMART Problem-Solving is acting differently, i.e., brainstorming different choices and selecting the best one.**
- ▶ **Sometimes you can change a situation if you look at the different choices that you have in handling it and then choose the best option. For instance, you may be stressed because your partner is hesitant about using a condom. You want to stay healthy. There may be different steps that you can take to cope with or change the situation (e.g., talk to your partner assertively about your desire to use a condom, think about whether you want to continue being intimate with him or her, etc.).**
- ▶ **Out of the stressors you mentioned earlier is <insert identified stressor>.**



- ▶ **Let's use this stressor as an opportunity to practice SMART Problem-Solving.**

Give the client a copy of the Problem-Solving Guidelines handout.

- ▶ **To get us started, I'm going to give you a copy of the SMART Problem-Solving Guidelines.**
- ▶ **Let's go over the steps to be sure we are clear on all of them. We are going to follow these steps in planning a solution to the problem we are working on today.**

Explain the five steps for SMART Problem-Solving.

Step 1: S = State the Problem

- Is the problem stated clearly? (Writing it down will help you define it clearly.)
- Is it complete?
- What's your reading on the Feeling Thermometer when you think about the problem?

Step 2: M = Make A Goal

- Exactly what do you want to accomplish? What do you want to change from the way it is now?
- Is the goal stated clearly?
- Is it specific, so you can tell for sure when you have achieved it? (Again, writing it down will help.)
- Are you sure this is the goal you want? Can you make a commitment to working on it?

Step 3: A = Actions - List the Actions You Might Take

- Are these all of the actions you could reasonably take that would achieve your goal?
- Is each action stated clearly?
- Do the actions specify just one thing to do, as opposed to several things at the same time?
- Does each action describe something you will do, as opposed to how you will feel or think? (It's best to have at least three actions to choose from if possible.)

Problem-Solving - *continued*

Step 4: R = Reach a Decision About Which Actions You Could Take

- Have you picked the best course of action, the one with the most pros and the fewest cons?
- Are there any skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)
- How will you get the skills that you need, if you don't have them already?
- How will you get the resources that you need, if you don't have them already?
- What is going to be your plan for taking the action? What are the specific steps?
- What things can get in the way of taking this action and being successful with it? Is there anything you know about for sure that will make it difficult? Is there anything that might go wrong?
- What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?

Step 5: T = Try It and Review It

- Did the action work out as you expected?
 - Were you successful in taking your action? Completely? Partly?
 - Would you do anything differently if you were starting again?
 - Did the action you took achieve the goal you wanted to accomplish? Completely? Partly?
 - Do you need to make a new plan in order to be successful in taking this action?
 - Do you need to find a new action that will move you forward toward achieving your goal?
- ▶ **OK, now let's start working on our problem. Let's follow the steps and apply them to this problem.**



Distribute the Applying SMART Problem-Solving worksheet and work through each of the steps, applying the questions above to the specific problem identified in Activity 2.

- ▶ **That was very good. I'm sure these ideas are going to help you in working on this problem.**
- ▶ **SMART Problem-Solving is a skill you can use in many different situations.**



Use the Feeling Thermometer to assess the client's optimal reading for effective problem solving.

- ▶ **I would like to ask you one more question before we move on to the next activity. Where do you need to be on the Feeling Thermometer for you to be able to apply these SMART Problem-Solving steps?**

Facilitate a discussion about the impact a high level of discomfort has on SMART Problem-Solving. Typically, extreme discomfort, and sometimes extreme comfort, may cause us to “jump into” an action. Encourage the client to identify the Feeling Thermometer reading where he or she can engage in optimal SMART Problem-Solving.

Activity 5: How Can I Relax?

Time

- (5 minutes)

Activity Materials

- Relaxation: Releasing Tension

Counselor Note

The client learns and practices a relaxation technique. A client who feels relaxed and comfortable may have a lower Feeling Thermometer reading and may have more helpful thoughts and actions.



Relaxation Technique

Introduce the Relaxation Technique.

- ▶ **We've worked hard today. Now we'll use a relaxation activity to help reduce stress and feel more comfortable. A person who feels relaxed and comfortable may have a lower Feeling Thermometer reading and have an easier time using CLEAR Thinking.**
- ▶ **Sometimes we store stress in our bodies and tense up without even being aware of it.**
- ▶ **We might clench our jaws, tighten our shoulders, tighten the muscles in our feet, or furrow our eyebrows.**
- ▶ **We carry this tension around for the day and the stress begins to build up over time.**
- ▶ **I am going to show you an exercise that will help you become more aware of areas in your body where you hold tension. By becoming aware of those parts of your body, you will know where to focus your relaxation for some immediate relief.**

Allow the client to get comfortable in his or her chair.

- ▶ **I would like for you to get comfortable in your chair and loosely close your eyes.**

- ▶ **I am going to name certain parts of your face and body. When you hear me name a part, I would like for you to take a breath and on the exhale let that part of your body relax.**
- ▶ **Let's take three deep breaths before we get started.**

Model taking in and exhaling three breaths.

Slowly name each of the body parts below and give the client 6-7 seconds to release tension in that area.

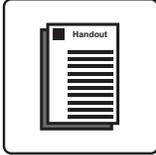
- **Jaw**
- **Mouth**
- **Eyes**
- **Forehead**
- **Shoulders**
- **Neck**
- **Arms**
- **Hands**
- **Thighs**
- **Calves**
- **Feet**

Wait one minute to let the client relax.

- ▶ **Now, as I count from 5 to 1, let yourself become more alert.**
- ▶ **5...4...3...2...1. *Pause.***
- ▶ **Yawn and stretch.**
- ▶ **Open your eyes gently.**
- ▶ **Where did you feel the greatest release? Were you surprised to find so much tension in that part of your body?**
- ▶ **How do you feel after the physical relaxation?**
- ▶ **How do you think relaxation can be used to help the CLEAR Thinking and SMART Problem-Solving process?**

Relaxation Technique - *continued*

Encourage a discussion about how relaxation can be used to regulate emotions in a high stress situation. By remaining calm in high stress situations (i.e., maintaining a lower Feeling Thermometer reading), one can get in touch with his or her Ideal Self characteristics and use **CLEAR** Thinking and SMART Problem-Solving to better assess and control the outcome of the situation.



Distribute a copy of the Relaxation: Releasing Tension activity.

This page intentionally left blank.

Activity 6: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Goal Log

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **Today we talked about CLEAR Thinking and SMART Problem-Solving. We learned some more about how our feelings, thoughts, and actions are interconnected. We got a better understanding of this connection by taking a look at a recent event in your life. The interplay between your feelings, thoughts, and actions are often automatic, but we learned that you can slow down this process by staying calm and paying attention to how these interactions occur. Slowing down the process will help you in deciding how you might change the outcome of a situation.**
- ▶ **We then learned about SMART Problem-Solving and how you can use it to overcome barriers in your life. We practiced applying SMART Problem-Solving to current situations in your life. Finally, we ended with a relaxation technique to help you remain calm and level-headed in stressful situations, allowing you to think and act as your Ideal Self would.**

Praise the client for something positive he or she did during the session. E.g., "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to core skills.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Carry out the action selected during SMART Problem-Solving activity.**
 - **Apply CLEAR Thinking to an identified stressor.**
 - **Spend five minutes a day doing a relaxation activity.**
 - **Take a step toward accomplishing my long-term life goal.**



Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Prevention Plan in the client's workbook.

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Core Skill Session 3

Handouts

- Relaxation: Releasing Tension
- SMART Problem-Solving Guidelines

Worksheets

- Applying SMART Problem-Solving

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Goal Log

This Page Intentionally Left Blank.

■ Relaxation: Releasing Tension

This exercise will help you become more aware of those areas in your body where you hold tension. By becoming aware of those parts of your body, you will know what areas you can focus on for some immediate relief.

Allow the client to get comfortable in his/her chair.

- ▶ **Get comfortable in your chair and loosely close your eyes.**
- ▶ **Starting from the top of your head and working all the way down to your feet, think of the parts that make up your face and body. Take a breath and on the exhale let the tension in that part of your body relax.**
 - **Forehead**
 - **Eyes**
 - **Jaw**
 - **Mouth**
 - **Shoulder**
 - **Neck**
 - **Arms**
 - **Hands**
 - **Thighs**
 - **Calves**
 - **Feet**
- ▶ **Yawn and stretch.**
- ▶ **Open your eyes gently.**
- ▶ **Where did you feel the greatest release? Were you surprised to find so much tension in that part of your body?**
- ▶ **How do you feel after the physical relaxation?**
- ▶ **How do you think relaxation can be used to direct the Feel-Think-Do process?**

This Page Intentionally Left Blank.

■ SMART Problem-Solving Guidelines

Step 1: S = State the problem

- Is the problem stated clearly? (Writing it down will help you define it clearly.)
- Is it complete?
- What's your read on the Feeling Thermometer when you think about the problem?

Step 2: M = Make a goal

- Exactly what do you want to accomplish? What do you want to change from the way it is now?
- Is the goal stated clearly?
- Is it specific, so you can for sure tell when you have achieved it? (Again, writing it down will help.)
- Are you sure this is the goal you want? Can you make a commitment to working on it?

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- Are these all of the actions you could reasonably take that would achieve your goal?
- Is each action stated clearly?
- Do the actions specify just one thing to do, as opposed to several things at the same time?
- Does each action describe something you will do, as opposed to how you will feel or think? (It's best to have at least three actions to choose from if possible.)

Step 4: R = Reach a decision about which actions you could take

- Have you picked the best course of action, the one with the most pros and the fewest cons?
- How will you get the skills that you need, if you don't have them already?
- How will you get the resources that you need, if you don't have them already?

Step 4: R = Reach a decision about which actions you could take - *continued*

- **Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)**
- **What is going to be your plan for taking the action? What are the specific steps?**
- **What things can get in the way of taking this action and being successful with it? Is there anything you know about for sure that will make it difficult? Is there anything that might go wrong?**
- **What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?**

Step 5: T = Try it and review it

- **Did the action work out as you expected?**
- **Were you successful in taking your action? Completely? Partly?**
- **Would you do anything differently if you were starting again?**
- **Did the action you took achieve the goal you wanted to accomplish? Completely? Partly?**
- **Do you need to make a new plan in order to be successful in taking this action?**
- **Do you need to find a new action that will move you forward toward achieving your goal?**

■ Applying SMART Problem-Solving

Step 1: S = State the problem

Step 2: M = Make a goal

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- ---
- ---
- ---
- ---
- ---

Step 4: R = Reach a decision about which actions you could take

- What's the best course of action, the one with the most pros and the fewest cons?
- Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)
- What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?

Step 5: T = Try it and review it

- Did the action work out as you expected?
- Were you successful in taking your action? Completely? Partly?
- Would you do anything differently if you were starting again?

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

■ Goal Log - Core Skill Session Three

Date: _____

Short-term Session Goal: _____

What went well? _____

What would you have done differently? _____



My life goal is: _____

Short-term Session Goal: _____

What went well? _____

What would you have done differently? _____

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR: Core Skill Session 4
Exploring Different Types of Communication

This page intentionally left blank.

CLEAR: Core Skill Session 4

Exploring Different Types of Communication

(70 Minutes)

Session Aims:

- To learn key components of assertive communication and identify differences between aggressive, assertive, and passive communication.
- To practice using assertive communication through role-plays.
- To learn and practice a relaxation technique.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

How is Communication Related to F-T-D? (10 minutes)

- The client learns how to relate communication to the F-T-D framework.

What are Different Types of Communication? (25 minutes)

- The client learns the difference between aggressive, assertive, and passive communication styles and identifies the key components of assertive communication.

How Can I Apply Assertive Communication in My Life? (10 minutes)

- The client identifies areas in his or her life where assertive communication can be applied effectively and practices using it.

How Can I Relax? (5 minutes)

- The client learns and practices a relaxation technique.

What's Next? (10 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials: Core Skill Session 4

Handouts

- Assertive Communication
- Relaxation Sequence: On the Beach

Worksheets

- F-T-D Grid

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- Role-Play Script: The Next Appointment

Materials Needed in Every Core Skill Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Goal Log

Activity 1: Check-In

Time

- 10 Minutes

Activity Materials

- Worksheet: Goal Log

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and to shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ◆ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ◆ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Record the client’s progress against each goal in the client’s workbook.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce today’s session topic to you.**
- ▶ **Remember that our sessions are about looking at how our feelings, thoughts, and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**
- ▶ **Today, we are going to talk about communication. It is important to think about the way we communicate with others because the way we communicate can help us resolve conflicts, stand up for what we need, and get what we want. Communication affects many parts of life. For example, it plays a big role in our relationships with friends, family members, health care providers, sexual partners, landlords, employers, and co-workers.**

Introduction to Today's Session - *continued*

- ▶ **Today we will spend time looking into three types of communication and when each one is appropriate to use. We will explore ways you can stand up for your needs that will increase the chance that you stay safe and healthy, get what you want, and reach your life goals. Toward the end of our session, we will learn a new relaxation technique that will help you communicate effectively.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: How is Communication Related to Feelings, Thoughts, and Actions?

Time

- 10 minutes

Activity Materials

- Worksheet: F-T-D Grid

Counselor Note

The client learns how to relate communication to the F-T-D framework.

Communication Styles

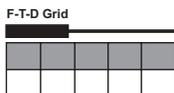
Begin a discussion of different communication styles. Ask the client for an example of a recent attempt at communication that did not go well.

- ▶ **Let’s talk about communication styles.**
- ▶ **Please think of a recent situation involving communication with someone that did not go well. I’m looking for a conversation or situation that made you uncomfortable and gave you a reading of 60 or more on the Feeling Thermometer. Is there an example you can think of?**

Distribute the F-T-D Grid worksheet. As the client describes the situation, use the following questions to complete the grid.

- ▶ **Where were you on the Feeling Thermometer in the beginning of the situation or conversation? What were your body reactions? What were you thinking?**

Point out where distorted thoughts and a high Feeling Thermometer reading may have contributed to the conversation not going well and the client’s needs not being met.




For example:

Distorted thoughts (e.g., “He never listens to me.”) could contribute to a high Feeling Thermometer reading. A high Feeling Thermometer reading often prevents one from assertively communicating their needs. A high Feeling Thermometer may lead to passive or aggressive communication.

Point out how the client’s Feeling Thermometer reading may have increased as the conversation or situation progressed. It is helpful to complete the F-T-D grid for different segments of the conversation in order to illustrate how the client may have become more and more uncomfortable as the conversation progressed.

Emphasize the importance of the client catching himself or herself when his or her Feeling Thermometer reading is relatively low (below 60) and intervening at that point by applying **CLEAR** Thoughts (e.g., positive self-talk, reframing, and arguing against negative thoughts) and actions (e.g., deep breathing). By taking steps to keep his or her Feeling Thermometer reading low, the client could have remained comfortable enough to deal effectively with the situation.

Activity 3: What are Different Types of Communication?

Time

- 25 minutes

Activity Materials

- Blank notebook paper
- Handout: Assertive Communication
- Role-Play Script: The Next Appointment

Counselor Note

The client learns the difference between aggressive, assertive, and passive communication styles and identifies the key components of assertive communication.

Types of Communication

- ▶ **Communication can be one of three types: aggressive, assertive, and passive. Let's figure out what each means.**

On a sheet of paper, make three columns labeled:

- Aggressive
- Passive
- Assertive

Aggressive Communication

Define aggressive communication.

- ▶ **Aggressive communication is communication that is disrespectful of other people. It's a communication style in which you stand up for your rights but violate the rights of others.**

Generate a list of the characteristics of aggressive communication by the client the following questions. Write the client's responses in the "Assertive" column on the sheet of paper.

- **How can you tell when someone is being aggressive?**
- **What is tone of voice would the person use?**
- **How would a person use aggressive communication to say, "I want you to stop."?**
- **What would the person's volume be like?**
- **What would the person's posture be like?**
- **What is the person's breathing like?**
- **What about eye contact?**
- **Are there other non-verbal signals of aggressive communication (e.g., the person coming into your "space")?**
- **Where do you think a person's Feeling Thermometer is when aggressive communication is over?**



Passive Communication

Define passive communication.

- ▶ **Passive communication is a style in which you put the rights of others before your own, minimizing your own self worth. A passive communicator will often go without having his or her needs met rather than rock the boat by asking.**

Generate a list of the characteristics of passive communication by asking the client the following questions. Write the client's responses in the "Passive" column on the sheet of paper.

- **How can you tell when someone is being passive?**
- **What is tone of voice would the person use?**
- **How would a person use passive communication to say, "I want you to stop."?**
- **What would the person's volume be like?**
- **What would the person's posture be like?**
- **What is the person's breathing like?**
- **What about eye contact?**



Passive Communication - *continued*

- Are there other non-verbal signals of passive communication (e.g., the person coming into your “space”)?
- Where do you think a person’s Feeling Thermometer is when passive communication is over?

Assertive Communication

Define assertive communication.

- ▶ **Assertive communication is communication in which you stand up for your own needs while also being concerned and respectful about the needs of the other person.**

Generate a list of the characteristics of assertive communication by asking the client the following questions. Write the client’s responses in the “Passive” column on the sheet of paper.

- How can you tell when someone is being assertive?
- What is tone of voice would the person use?
- How would a person use assertive communication to say, “I want you to stop.”?
- What would the person’s volume be like?
- What would the person’s posture be like?
- What is the person’s breathing like?
- What about eye contact?
- Are there other non-verbal signals of assertive communication (e.g., the person coming into your “space”)?
- Where do you think a person’s Feeling Thermometer is when assertive communication is over?

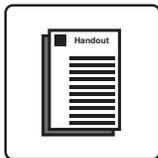


Refer the client back to the example of recent communication that did not go well. Ask the client to identify the types of communication that were used.

- ▶ **Let’s look at the situation you shared with me a few minutes ago to see what type of communication was used.**

Ask the client the following questions:

- **What was the tone of voice of the parties involved? Did your voice or the other person's get louder or softer?**
- **What was your posture like? How about the other person's?**
- **What was your breathing like?**
- **How did your pulse feel?**
- **What type of eye contact was maintained?**
- **How did you the rest of your body feel?**
- **Were there other non-verbal signals that you noticed?**
- **How physically close were the two of you during the encounter? Was personal space violated or maintained?**



Distribute the Assertive Communication handout and review it with the client.

- ▶ **Let's review this handout on assertiveness to make sure that we covered what it means to be assertive. This is for you to refer to in the future if you need it.**

Assertive Communication

- I. The first component of assertive communication is "What to Say."
 1. Use "I" statements.
 - ◆ Put your comments in terms of "I want" or "I need."
 - ◆ DO NOT use "you should."
 2. State what you need or want.
 - ◆ Let the other person know what you want them to do.
 - ◆ Avoid misunderstandings.
 - ◆ Don't assume another person can read your mind.
- II. The second component of assertive communication is "How to Say It."
 1. Say something positive.
 - ◆ It puts people in a better frame of mind.
 - ◆ They won't be defensive.

Assertive Communication - *continued*

2. Listen to the other person and show you understand.
 - ◆ It helps when others think you can put yourself in their shoes.
 - ◆ It can change your own point of view.
3. Provide information they need to know.
 - ◆ You may know more about what is important to you than they do.
 - ◆ Tell them what you think is important and give them the information they want.
4. State your feelings in a non-hostile way.
 - ◆ If a conversation is not going well with another person, name the feeling, communicate it, and explain it.
 - ◆ Anger usually comes when you are feeling uncomfortable – more than a reading of 60 on the Feeling Thermometer. Try to communicate the feelings that you may be experiencing, such as frustration, hurt, rejection fear, or anxiety, when your Feeling Thermometer reading is still low.
 - ◆ When a person's Feeling Thermometer reading is over 60 and he or she is feeling angry, it is common for that person to end up attacking the other person and communicating a blaming message.
 - ◆ Your interactions will go more smoothly if you communicate the feelings before they become too uncomfortable, and before they lead to anger.

▶ **Do you have any questions about assertive communication?**

Answer questions.

- ▶ **Overall, assertiveness means standing up for your own needs while also being concerned and respectful about the needs of the other person.**



- ▶ What makes assertive communication an especially effective means of speaking with another person? Standing up for your own needs in a clear and respectful way will increase the chance that you will
 - Get what you want.
 - Reach your life goals.

Scripted Role-Play

Introduce the scripted role-play.

- ▶ I would like us to read a script together to illustrate an example of a person with HIV making a doctor's appointment. Please listen to see whether or not this is assertive communication, and if the patient stands up for his or her own needs while also being concerned for and respectful of the needs of the other person.
- ▶ You read the role of the receptionist. I'll take the part of the patient.

The client and counselor read the script out loud.

Scripted Role-Play: Patient and Receptionist

Receptionist: Your next appointment will be on Friday at 8:30 am.

Patient: I can't come at that time. I need a Wednesday appointment in the afternoon.

Receptionist: Look, we are trying to squeeze you in.

Patient: I appreciate that. Wednesday is the best day for me.

Receptionist: The doctor isn't here then. He's always off on Wednesday afternoon.

Patient: OK, so, he's off on Wednesdays. I'm sure he needs a rest. Well, Monday is the next best day for me—mornings.

Receptionist: I'd have to check on that. A lot of people who have problems over the weekend want to come in on Monday mornings.

Scripted Role-Play - *continued*

Patient: I feel frustrated not being able to get a time that is good for both of us.

Receptionist: Well, all right. We'll make it on Monday the 22nd at 9 in the morning.

Patient: Thank you. I feel better. That's good. I'll see you on Monday the 22nd.

The End

- ▶ Was this an example of assertive communication?
- ▶ What made it so?
- ▶ Are there situations when being aggressive is appropriate?

Wait for the client to give you some responses.

- ▶ Are there situations when being passive is appropriate?

Wait for the client to give you some responses.

Use the Feeling Thermometer to assess the client's optimal reading for effective assertive communication.

- ▶ Where do you think you need to be on the Feeling Thermometer for you to use assertive communication effectively?
- ▶ What can you do to maintain that Feeling Thermometer reading and communicate assertively?
- ▶ Keeping your Ideal Self characteristics in mind, what CLEAR Thoughts can you say to yourself to keep your Feeling Thermometer reading from going up?
- ▶ What positive actions can you take?

Refer to the client's ideal Feeling Thermometer reading for effective assertive communication in subsequent sessions.



This page intentionally left blank.

Activity 4: How Can I Apply Assertive Communication in My Life?

Time

- 10 minutes

Activity Materials

- none

Counselor Note

The client identifies areas in his or her life where assertive communication can be applied effectively and practices using it.

Work with the client to practice assertive communication.

- ▶ **Assertiveness means standing up for your own needs while also being concerned and respectful of the needs of the other person.**
- ▶ **Now I want to give you a chance to do a role-play to practice using assertive communication.**



Unscripted Role-Play

Ask the client to identify a specific situation where he or she would like to apply assertive communication. Conduct the role-play with the client.

- ▶ **Let's come up with a situation in your life where you think you could stand up for your own needs while also being concerned and respectful about the needs of the other person?**

Ask the client to state a specific goal related to the situation (e.g., "I want my partner to take out the trash every night."). This goal should meet the Guidelines for Goal Setting.

- ▶ **Remember to keep your Ideal Self characteristics in mind as you practice being assertive.**

Do the role-play.



Use the Feeling Thermometer to assess the client's comfort level during the role-play.

- ▶ **Where was your Feeling Thermometer reading during the role-play?**
- ▶ **What was one thing that you did that you liked? What was one thing that you would do differently?**
- ▶ **Let me give you some feedback.**
 - **State your own Feeling Thermometer reading during the role-play.**
 - **State one thing that the client did that you liked.**
 - **State one thing that the client could have done differently.**
- ▶ **Assertive communication is a powerful skill. We will practice it during several CLEAR sessions.**

Counselor Note

If the client is unable to identify a situation in his or her life where assertive communication could be useful, the counselor may offer the following situation as way of creating an opportunity for the client to practice assertiveness.

- ▶ **In this role-play, you can play the part of the patient and I will play the part of the nurse. Here is the setting.**
 - **You have been sitting in the doctor's waiting room for an hour.**
 - **Your appointment was for 2:45 and it is now 3:45.**
 - **You are bored and restless.**
 - **It seems to you that patients who came after you have been taken ahead of you.**
 - **Also, you have been getting more colds recently and think the doctor needs to know about it. You are worried this could be the result of an increase in your viral load.**

Counselor Note - *continued*

- **Your goal is to get in and see the doctor as soon as possible.**
- **I'll play the receptionist. My goal is to balance your needs and the doctors'.**

Allow a few minutes for the role-play. When it is finished, obtain feedback.

This page intentionally left blank.

Activity 5: How Can I Relax?

Time

- 5 minutes

Activity Materials

- Handout: Relaxation Sequence: On The Beach

Counselor Note

The purposes of this activity are to introduce clients to a relaxation technique and practice applying it in situations involving assertive communication.

Relaxation Exercise

- ▶ **You've worked really hard today. Let's spend some time relaxing.**
- ▶ **Relaxation has been shown to help people deal with uncomfortable situations as well as tension.**
- ▶ **There is even evidence to show that relaxation can strengthen the immune system in people with HIV.**
- ▶ **Right now I want to share with you a technique that can help us relax.**
- ▶ **As I mentioned earlier, this technique may also help you maintain the comfort level you chose on the Feeling Thermometer in order to communicate assertively and get what you want.**



Relaxation Sequence: On The Beach

Get yourself in a comfortable position. *Pause.*

Observe your breathing. *Pause.*

Now, breathe out deeply three times.

One. *Pause.*

Two. *Pause.*

Three. *Pause.*

Close your eyes, if you wish, as we take a little journey.

You are in a little house by the beach. *Pause.*

You open the door to the deck, and, before you can even step outside, the sun greets you warmly.

See how blue the sky is. *Pause.*

Just a few wispy clouds.

Smell the tangy salt air. *Pause.*

You walk to the edge of the deck and step down into the fine white sand.

Feel the warm sand between your toes. *Pause.*

You hear the surf breaking and the sea gulls crying.

See the waves slowly rolling on the shore. *Pause.*

You walk on the soft sand, moving closer to the ocean, and spread your towel.

You sit watching the soothing rhythm of the sea.

Breathe in and out. *Pause.*

In and out. *Pause.*

In and out. *Pause.*

You lie there on the empty beach.

Your whole body becomes one with the sun, waves, sand, and sky.

Can you see the gulls gliding without effort, nodding on the breeze as if they were asleep? *Pause.*

Can you see the gulls gracefully swoop and bank and turn? *Pause.*

Feel the breeze blowing softly, cooling, and cleansing you.

You seem to sink into the sand.

Can you feel your breath becoming deep and slow? *Pause.*

Can you feel your heartbeat--regular, an easy rhythm, strong? *Pause.*

Relaxation Sequence - *continued*

You rest. *Pause.*

You rest a little longer. *Pause.*

Slowly you sit up. *Pause.*

You see a little purple shell carved by the sea, so that it seems to have magical writing on it.

Put it in your pocket.

You stand up. *Pause.*

Walk slowly back to the beach house. *Pause.*

The sand covers your feet and you dig with your toes.

You are almost at the step to the deck.

Step up. *Pause.*

You look back at the ocean feeling so refreshed.

So peaceful. Open the door to the house and go in.

Ask the client how he or she felt about the relaxation.

▶ **How did that relaxation make you feel?**

Encourage comments.

▶ **Here is a copy of that relaxation, so that you can use it at home.**

Give the client a copy of the On the Beach relaxation sequence.



This page intentionally left blank.

Activity 6: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Goal Log

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today we learned about three types of communication and how each type has its purpose. We spent quite a bit of time on assertive communication, since it is usually the most useful for getting your needs met in a respectful way.**
- ▶ **We ended our discussion on communication with a relaxation technique. Relaxation is useful for releasing tension and self-regulating your emotions so that you can think and act clearly in the moment.**

Praise the client for something positive he or she did during the session. E.g., "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to core skills.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Identify one concrete situation to use assertive communication to express your needs in a respectful way.**
 - **In potentially stressful situations practice using the Feeling Thermometer to gauge your feelings before, during, and after the situation.**

Suggestions for Weekly Goals - *continued*

- **When your Feeling Thermometer reading goes over 60, practice using a relaxation technique to get your reading down to 40 or lower.**
- **Take a step toward accomplishing your long-term life goal.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Prevention Plan in the client's workbook.



Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Core Skill Session 4

Handouts

- Assertive Communication
- Relaxation Sequence: On the Beach

Worksheets

- F-T-D Grid

Laminated Cards and Additional Items

- Role-Play Script: The Next Appointment

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Goal Log

This Page Intentionally Left Blank.

■ Assertive Communication

My Ideal Feeling Thermometer Range: _____

I. The first component of assertive communication is “What to Say.”

1. Use “I” statements.

- ◆ Put your comments in terms of “I want” or “I need.”
- ◆ DO NOT use “you should.”

2. State what you need.

- ◆ Let the other person know what you want them to do.
- ◆ Avoid misunderstandings.
- ◆ Don’t assume another person can read your mind.

II. The second component of assertive communication is “How to Say It.”

1. Say something positive.

- ◆ It puts people in a better frame of mind.
- ◆ They won’t be defensive.

2. Listen to the other person and show you understand.

- ◆ It helps when others think you can put yourself in their shoes.
- ◆ It can change your own point of view.

3. Provide information they need to know.

- ◆ You may know more about what is important to you than they do.
- ◆ Tell them what you think is important and give them the information they want.

4. State your feelings in a non-hostile way.

- ◆ If a conversation is not going well with another person, name the feeling, communicate it, and explain it.
- ◆ Anger usually comes when you are feeling uncomfortable – more than a reading of 60 on the Feeling Thermometer. Try to communicate the feelings that you may be experiencing, such as frustration, hurt, rejection fear, or anxiety, when your Feeling Thermometer reading is still low.
- ◆ When a person’s Feeling Thermometer reading is over 60 and he or she is feeling angry, it is common for that person to end up attacking the other person and communicating a blaming message.
- ◆ Your interactions will go more smoothly if you communicate the feelings before they become too uncomfortable, and before they lead to anger.

This Page Intentionally Left Blank.

■ Relaxation Sequence: On the Beach

Get yourself in a comfortable position. *Pause.*

Observe your breathing. *Pause.*

Now, breathe out deeply three times.

One. *Pause.*

Two. *Pause.*

Three. *Pause.*

Close your eyes, if you wish, as we take a little journey.

You are in a little house by the beach. *Pause.*

You open the door to the deck, and, before you can even step outside, the sun greets you warmly.

See how blue the sky is. *Pause.*

Just a few wispy clouds.

Smell the tangy salt air. *Pause.*

You walk to the edge of the deck and step down into the fine white sand.

Feel the warm sand between your toes. *Pause.*

You hear the surf breaking and the sea gulls crying.

See the waves slowly rolling on the shore. *Pause.*

You walk on the soft sand, moving closer to the ocean, and spread your towel.

You sit watching the soothing rhythm of the sea.

Breathe in and out. *Pause.*

In and out. *Pause.*

In and out. *Pause.*

You lie there on the empty beach.

Your whole body becomes one with the sun, waves, sand, and sky.

Can you see the gulls gliding without effort, nodding on the breeze as if they were asleep?
Pause.

Can you see the gulls gracefully swoop and bank and turn? *Pause.*

Feel the breeze blowing softly, cooling, and cleansing you.

You seem to sink into the sand.

Can you feel your breath becoming deep and slow? *Pause.*

Can you feel your heartbeat--regular, an easy rhythm, strong? *Pause.*

You rest. *Pause.*

You rest a little longer. *Pause.*

Slowly you sit up. *Pause.*

You see a little purple shell carved by the sea, so that it seems to have magical writing on it.

Put it in your pocket.

You stand up. *Pause.*

Walk slowly back to the beach house. *Pause.*

The sand covers your feet and you dig with your toes.

You are almost at the step to the deck.

Step up. *Pause.*

You look back at the ocean feeling so refreshed.

So peaceful. Open the door to the house and go in.

■ F-T-D Grid

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action

This Page Intentionally Left Blank.

■ Scripted Role-Play: The Next Appointment

Receptionist: Your next appointment will be on Friday at 8:30 am.

Patient: I can't come at that time. I need a Wednesday appointment in the afternoon.

Receptionist: Look, we are trying to squeeze you in.

Patient: I appreciate that. Wednesday is the best day for me.

Receptionist: The doctor isn't here then. He's always off on Wednesday afternoon.

Patient: OK, so, he's off on Wednesdays. I'm sure he needs a rest. Well, Monday is the next best day for me—mornings.

Receptionist: I'd have to check on that. A lot of people who have problems over the weekend want to come in on Monday mornings.

Patient: I feel frustrated not being able to get a time that is good for both of us.

Receptionist: Well, all right. We'll make it on Monday the 22nd at 9 in the morning.

Patient: Thank you. I feel better. That's good. I'll see you on Monday the 22nd.

THE END

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

■ Goal Log - Core Skill Session Four

Date: _____

Short-term Session Goal: _____

What went well? _____

What would you have done differently? _____



My life goal is: _____

Short-term Session Goal: _____

What went well? _____

What would you have done differently? _____

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR: Core Skill Session 5
Putting It All Together

This page intentionally left blank.

CLEAR: Core Skill Session 5

Putting It All Together

(60 Minutes)

Session Aims:

- To motivate behavior change by developing the client's future-oriented vision.
- To assist the client in identifying his or her prevention goals and developing an individual prevention plan.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

What Prevention Steps Have I Already Taken? (10 minutes)

- The purpose of this exercise is to assess prevention behaviors already practiced by the client. The discussion is intended to provide the counselor with information about the client's motivation to change, along with his or her areas of strength.

What Prevention Goals Do I Want to Start Working on as a Part of My Prevention Plan? (25 minutes)

- The purposes of this activity are to identify the client's prevention goals and then select one to begin working on as part of his or her individual prevention plan.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials: Core Skill Session 5

Handouts

- None

Worksheets

- Individual Prevention Plan
- Prevention Goals
- Prevention Steps Taken

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting

Activity 1: Check-In

Time

- 10 Minutes

Activity Materials

- Worksheet: Goal Log

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and to shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Record the client’s progress against each goal in the client’s workbook.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce today’s session topic to you.**
- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer and body reactions, thoughts, and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**

Refer to the client’s Life Goals worksheet completed during Core Session 2.

What I mean by this is that, similar to the way that during Core Session 2 we talked about some of the different life goals that you may have, we will now look specifically at some of the prevention goals that you may have around substance

Introduction to Today's Session - *continued*

use, sex, health care, adherence, disclosure, and stigma.

Depending on what is important to you to work on, we will develop an individual prevention plan that will be our map for the rest of this program.

- ▶ **In our first session together I said that a long-term goal is like setting a point in the horizon and then walking toward it. Today is an opportunity for you to set a few points in your horizon and to start the journey toward those points. I'd like to remind you that on your journey, you might have to adjust it every now and then based on changes in your life or what you learn along the way.**

- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: Prevention Steps

Time

- 10 minutes

Activity Materials

- Worksheet: Prevention Steps Taken

Counselor Note

The purposes of this exercise are to assess prevention behaviors and strategies already used by the client. The discussion is intended to provide the prevention counselor with information about the client's motivation to change and his or her areas of strength. Prevention steps taken are integrated with the client's Ideal Self characteristics and long-term life goal.

- ▶ **You have already made some significant commitments to protect your health and that of others. For example, you have shown me that you are committed to learning how to make healthier choices by actively participating in our meetings every week and working toward your life goal.**
- ▶ **I'd like to focus on some other strategies or steps that you may be taking or have taken in the past toward taking care of your health.**
- ▶ **Before we talk about your prevention strategies, can you tell me how HIV and STIs are transmitted?**

Correct any misunderstandings and answer any questions about HIV and STI transmission.

Distribute the Prevention Steps Taken worksheet.

- ▶ **We'll use the Prevention Steps Taken worksheet to identify some of the prevention steps you have already taken.**
- ▶ **By prevention steps, I mean steps that you've taken toward taking care of yourself and others. It may include behaviors that prevent re-infection or passing HIV to another person.**



- ▶ **A prevention step could be an action such as “I no longer have unprotected sex with my partner(s)” or “I stopped using needles to get high.”**
- ▶ **Or, it can be changing a thought such as, “I used to avoid people who talked about prevention, but now I am open to learning how to protect others.”**
- ▶ **Or your prevention steps may be other activities that help you live a long emotionally and physically healthy life.**

Work with the client to complete the Prevention Steps Taken worksheet.

Possible questions to ask as follow-up to the prevention steps that are mentioned by the client:

- What motivated you to take this step?
- How difficult is it to maintain this step?
- How do these steps coincide with your Ideal Self characteristics?
- How do these steps support achieving your long-term life goal?

Ask the client to share which of these steps were most successful and which he or she is most proud of. Provide positive feedback for the steps taken toward staying healthy.

Point out how the steps taken may coincide with the client’s Ideal Self characteristics and how they support his or her life goals. This will help the client keep in mind his or her Ideal Self characteristics and life goals as his or her prevention goals are identified.

This discussion is intended to increase the client’s sense of self-efficacy and motivation toward making healthy choices.

Activity 3: What Prevention Goals Do I Want to Start Working on as a Part of My Prevention Plan?

Time

- 25 minutes

Activity Materials

- Worksheet: Prevention Goals

Counselor Note

The purposes of this activity are to identify the client's prevention goals and select one to begin working on as part of the client's individual prevention plan.

Reflecting on his or her Ideal Self and long-term life goals, the client will identify a series of prevention goals as a part of the prevention plan.

Prevention Goals

- ▶ **It looks like you are already taking some positive steps toward taking better care of your health. There may be some areas that you would like to improve or continue to focus on.**
- ▶ **In Core Skill Session 1 you identified the characteristics of your Ideal Self, what you hope to be at your very best.**
- ▶ **In Core Skill Session 2, we talked about your dreams and goals for the future. You completed a Life Goals worksheet where you wrote some of your hopes for the future.**

Refer to the client's identified Ideal Self characteristics and life goals discussed in Core Session 2.

- ▶ **Now, we will do something similar. I'm going to ask you to complete another worksheet. This time we will focus on your future dreams and goals related specifically to promoting your health. By health, I mean the areas of your life that affect your emotional and physical well being.**



Distribute the Prevention Goals worksheet.

- ▶ **Keep three things in mind as you complete this handout: 1) Do the goals enhance your life goal? 2) Do they reflect your Ideal Self? 3) Do they match the goal setting steps we've discussed?**

Work with the client to complete the worksheet. Review the client's goals and make sure they comply with the Guidelines for Goal Setting.

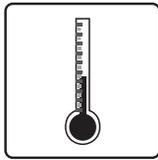
The client is not required to have a prevention goal for each of the identified areas. As long as one prevention goal is identified, the corresponding **CLEAR** sessions may be used as a way of helping the client set smaller short-term goals toward their bigger long-term prevention goal and prevention plan.

If more than one prevention goal is identified, support the client in choosing one to start with as part of his or her prevention plan. At your next meeting, you and the client will begin a series of **CLEAR** sessions that correspond to the selected goal. Once those **CLEAR** sessions are completed, the client can begin working on his or her next prevention goal, and so forth.

- ▶ **Would you like to share any of your goals with me?**
- ▶ **I would like you to keep these goals in mind. These goals along with your Ideal Self can motivate you to make the best decisions for yourself in different areas of your life.**
- ▶ **Would you be interested in working toward these goals in our sessions together?**
- ▶ **CLEAR offers some additional sessions where we can continue to talk about your long-term prevention goals as a part of your prevention plan.**
- ▶ **For your prevention plan, I would like for you to choose one prevention goal to start with. As we go along, we will return to this sheet and work on additional goals you've listed.**
- ▶ **Perhaps you can start with the goal that is most meaningful to you, the one that closely coincides with your Ideal Self characteristics and will support achieving your life goal.**
- ▶ **Which prevention goal would you like to start working on first?**

Prevention Goals - *continued*

Ask additional questions in order to gain a clear understanding of the client's selected goal, comfort level, thoughts, and barriers to goal completion. This discussion is intended to help the prevention counselor select the **CLEAR** sessions that most closely support the client's goal.



Use the Feeling Thermometer to assess the client's comfort level with the goal he or she has chosen.

- ▶ **When you think about working on the goal you've chose, where are you on the Feeling Thermometer?**

If the goal causes the client to have a Feeling Thermometer reading of between 90 and 100 (extremely uncomfortable), encourage the client to select another goal. Encourage the client to choose a goal where the reading falls between 40 and 60.



Distribute Individual Prevention Plan worksheet to the client.

- ▶ **Please write your selected prevention goal on the Individual Prevention Plan worksheet.**
- ▶ **I'd like us to acknowledge your commitment to your Individual Prevention Plan by having each of us sign it.**

The Individual Prevention Plan worksheet is referred to during each subsequent **CLEAR** session. Weekly short-term goals set at the end of each session are related to the Individual Prevention Plan.

Get the client's signature. Then sign the sheet and place it in the client's workbook.

This page intentionally left blank.

Activity 4: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today we spent some time discussing the things you do to keep yourself healthy. Then we worked together as you formulated your prevention goals.**

Praise the client for something positive he or she did during the session. E.g., "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to core skills.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

► **Some examples of possible goals for this week could be:**

- **Practice using one of the problem solving skills in a difficult life situation (e.g. SMART, assertive communication, or relaxation).**
- **Write a story about what your long-term prevention goal means to you.**
- **Commit to returning next time to begin working toward your prevention goal.**
- **Be on time to our next appointment.**
- **Take a step toward accomplishing your long-term life goal.**



Suggestions for Weekly Goals - *continued*

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Prevention Plan in the client's workbook.

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Core Skill Session 5

Handouts

- None

Worksheets

- Individual Prevention Plan
- Prevention Goals
- Prevention Steps Taken

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Prevention Goals

Under each category write your goals. You can have more than one goal under a category.

Sex:

(examples: I want to lower my discomfort about condoms, I want to refuse unsafe sex)

Substance Use:

(examples: I want to stop shooting up, I want to say no to my friends who influence me to use)

Health Care and Self-Care:

(examples: I want to exercise, I want to eat more healthily, I want to keep all my health care appointments, I want to better advocate for my health)

Adherence:

(examples: I want to be able to talk to my doctor about my medication side effects, I want to be 100% medication adherent)

Disclosure:

(examples: I want to feel more confident about making disclosure decisions, I want to know some tips for making a disclosure in the best possible way)

Stigma:

(examples: I want to better cope with HIV stigma, I want to know my rights when it comes to discrimination against persons with HIV)

This Page Intentionally Left Blank.

■ Prevention Steps Taken

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

Sexual Risk Session 1:

Understanding Why I Have Unsafe Sex

This page intentionally left blank.

CLEAR: Sexual Risk 1

Understanding Why I Have Unsafe Sex

(65 Minutes)

Session Aims:

- To help the client become aware of his or her unsafe sex triggers.
- To understand the role alcohol and drugs play in the client's sex life.
- To help the client discover strategies to avoid or handle unsafe triggers.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

What Leads Me To Have Unsafe Sex? (25 minutes)

- The purposes of this activity are to explore the client's comfort level about unsafe sex, identify his or her unsafe sex triggers, and assess which triggers have greatest influence. The client also explores the relationship between drugs, alcohol, and sex, and assesses the role substance use play in his or her sex life.

How Do I Handle My Unsafe Sex Triggers? (15 minutes)

- In this activity, the client develops strategies for handling his or her triggers for unsafe sex using SMART-Problem-Solving Guidelines.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials: Sexual Risk 1

Handouts

- SMART Problem-Solving Guidelines

Worksheets

- Applying SMART Problem-Solving
- Identifying My Triggers for Unsafe Sex
- What's My Comfort Level?

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-In

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Today’s topic is about unsafe sex. We’ll spend the session talking about what unsafe sex means to you, what your personal barriers are to safer sex, and your triggers that lead to unsafe sex. What I mean by triggers is people, places, situations, things, or emotions that cause you to think about engaging in unsafe sex. The goal of this session is to give you a chance to slow down your thoughts and actions around unsafe sex, and develop strategies to handle your triggers.**

Introduction to Today's Session - *continued*

- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer readings, thoughts, and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: What Leads Me To Have Unsafe Sex?

Time

- 25 minutes

Activity Materials

- Worksheet: Identifying My Triggers to Unsafe Sex
- Worksheet: What's My Comfort Level?

Counselor Note

The purposes of this activity are to explore the client's comfort level about unsafe sex, identify his or her unsafe sex triggers, and to assess which triggers have greater influence. The client also explores the relationship between drugs, alcohol, and sex, and assesses the role drugs and alcohol plays in his or her sex life.

Unsafe Sex

- ▶ **In today's session we will be talking about unsafe sex in the context of HIV and sexually transmitted infection (STI) transmission.**
- ▶ **First let's define what unsafe sex means so we know exactly what we are talking about.**
- ▶ **How do you define unsafe sex?**

Get a response from the client. Reinforce any correct information from the client. Also, correct any incorrect information he or she gives you.

- ▶ **Unsafe sex is a term you have probably heard often. Unsafe sex means engaging in sexual acts that put you or others at risk of transmitting and/or acquiring HIV or STIs. It involves various sex acts including anal or vaginal sex without using a male or female condom.**
- ▶ **To get to know your comfort level about safe sex and condoms, let's think of some safe and unsafe sexual activities that you're familiar with.**



Distribute the What's My Comfort Level worksheet. Have the client generate a list of sexual activities in which he or she engages. Write the sexual activities in the "Sexual Activity" column of the worksheet. For each sexual activity, ask the client where their Feeling Thermometer was after the activity was over. Write the client's Feeling Thermometer reading on the worksheet in the "Feeling Thermometer Reading" column. Note if riskier activities cause more discomfort and a higher Feeling Thermometer reading.

Ask the client if he or she notices a relationship between his or her comfort level and the safety of the sex he or she has. For example, unsafe sex may increase feelings of discomfort and result in a higher Feeling Thermometer reading.

Triggers to Unsafe Sex

Introduce the concept of triggers. If the client has completed the substance use risk sessions, connect the discussion of sexual triggers to substance use triggers.

- ▶ **There are usually several triggers in a situation that can lead a person to have unsafe sex.**
- ▶ **Triggers are the situations, people, places, or substances that set us off and lead us to a certain behavior. For example, a trigger can be a certain type of substance, like methamphetamine or alcohol, or the person you are with, like someone you really love. A substance or being in a relationship can trigger unprotected sex.**
- ▶ **Everyone's triggers for unsafe sex are different. Knowing in advance what those triggers are can help you plan ways to deal with them.**



Distribute the Identifying My Triggers to Unsafe Sex worksheet.

- ▶ **Let's use this worksheet to help identify your triggers during your most recent unsafe sexual experience. Once we've identified the triggers, then we'll develop strategies for dealing with them.**
- ▶ **Unsafe sex is more than the act itself. There always is a story that leads up to the unsafe sex. It never just happens without a context. We can usually discover the triggers to our unsafe sex by telling the story of the events that lead to the act.**

Triggers to Unsafe Sex - *continued*

- ▶ **Let's hear the story about the last time you had unsafe sex. On the worksheet are some questions that will help you tell the story. They will also help us identify your personal triggers for unsafe sex.**

Use the questions on the worksheet to help the client tell the story of his or her last unsafe experience. The more detail the client gives about the event, the easier it will be to identify triggers to unsafe sex. Listen for possible triggers. Ask questions to clarify information as needed.

Thank the client for sharing and remind him or her about your commitment to confidentiality.

- ▶ **Thanks for sharing that experience. As I said in our very first session of CLEAR, I am committed to keeping what is said in our sessions confidential. Now let's look at little deeper into your story and identify the triggers.**
- ▶ **There are five trigger categories listed on this worksheet. What do you think the triggers described in your story are?**

Assist the client in identifying possible triggers from each category that applies. Write down the triggers identified by the client in the first column of the grid.

The following are examples of triggers for each category:

- Places: bars, clubs, parks, places with a lot of emotional memories, places where you used to cruise, etc.
- People: your ex, your boyfriend/girlfriend, someone you find sexually attractive, meeting someone new, falling in love, etc.
- Other events or circumstances: celebrating at a party, something happens in your life where you feel out of control, got in a fight with my boyfriend/girlfriend, got in a fight with my dad/mom/guardian, etc.
- Drugs or Alcohol: types of alcohol, certain drugs, etc.
- Social pressure: pressure from friends to hook-up, condoms are not cool, etc.
- Partner pressure: heat of the moment, partner doesn't want to use a condom

Sample Completed Worksheet:

Trigger	How influential is this trigger?	How difficult is it to control this trigger?
	None (1) - Highest (5)	Easiest (1) - Highest (5)
Places: At a singles bar.	2	3
People: With my friends. Met a really hot and interesting guy.	1 5	2 5
Other Events or Circumstances: I was with friends celebrating my new job. I was feeling on top of the world and kept drinking.	2 5	3 4
Drugs or Alcohol: Got drunk from tequila.	5	4
External Pressure: Yes, he didn't want to use a condom.	5	5

- ▶ **As you can see a sexual experience is much more than the act itself. In the experience you shared, there was a lot going on before the unsafe sex and affecting what happened during it.**

Have the client evaluate the influence of the triggers on his or her decision to have unsafe sex.

- ▶ **Now let's complete the rest of the grid. For each trigger you identified, I would like for you to rate the level of influence it has on you to engage in unsafe sex. Five is the highest rating and means the trigger has the highest level of influence for your decision to have unsafe sex. Zero is the lowest rating and means the trigger has no influence.**

Work with the client to evaluate the influence of individual triggers.

- ▶ **Next, I would like for you to rate how difficult it is for you to control this trigger so that it does not lead you to engage in unsafe sex. Five is the highest rating and means the trigger is the most difficult to control. Zero is the lowest rating and means the trigger is the easiest to control.**

Triggers to Unsafe Sex - *continued*

Answer any questions the client has and work with him or her to complete the chart.

- ▶ **We will use these ratings in our next activity to help us find a starting point for handling triggers.**

Counselor Note

If the client has identified drug use or alcohol as triggers for unsafe sex, continue with the following material.

Drugs, Alcohol, and Sex

Introduce drugs and alcohol as triggers for unsafe sex. If the client has completed the substance use risk sessions, make a connection back to the material presented in those sessions.

- ▶ **We spoke briefly about drugs, alcohol, and sex. I'd like to spend just a few minutes on this topic before we move on to our next activity.**
- ▶ **What do you think the connection between substance use and unsafe sex is for you?**

Engage the client in a conversation.

- ▶ **Drugs, alcohol, and sex have a natural connection. Drugs and alcohol affect the same parts of the brain that control sexual excitement and pleasure. Drugs and alcohol can stimulate you and trigger thoughts about wanting sex. Or, sex can be a trigger for drug and alcohol thoughts and cravings.**
- ▶ **Alcohol can make someone feel relaxed. It can lead someone to do something he or she otherwise wouldn't do.**
- ▶ **What are some advantages and disadvantages of mixing substances and sex for you?**
- ▶ **How does sex trigger drug and alcohol thoughts for you?**
- ▶ **How do drugs and alcohol trigger thoughts about wanting sex?**
- ▶ **How do drugs and alcohol affect your decision to have safe or unsafe sex?**

Engage in a brief discussion with the client. Point out the external and internal triggers for drugs, alcohol, and sex. People, places, situations, and things (objects) are called “external” triggers because they are outside of the individual. Emotions are “internal” triggers because they are inside of the individual. Examples of emotions are: feeling angry, euphoric, anxious, or depressed.

Activity 3: How Do I Handle My Unsafe Sex Triggers?

Time

- 15 minutes

Activity Materials

- Handout: SMART Problem-Solving Guidelines
- Worksheet: Applying SMART Problem-Solving

Counselor Note

In this activity, the client develops strategies for handling his or her unsafe sex triggers using SMART Problem-Solving Guidelines.

- ▶ **We've identified a few triggers for unsafe sex. Knowing what your triggers are can help you plan ways to either avoid them, or to deal with them. We're going to use SMART Problem-Solving to problem solve your triggers.**

Give the client a copy of the SMART Problem-Solving Guidelines handout and review it with the client. Then, ask the client to choose a trigger that is moderately challenging to work on.

- ▶ **I'd like for you to select one trigger we can work on. If there is enough time, we may be able to work on a second trigger as well. I recommend we practice one from the grid we just created that is moderately difficult to control (rated 3).**

Distribute the Applying SMART Problem-Solving worksheet. Apply it to the trigger the client identified and develop a plan to avoid or deal with the trigger.



Sample completed worksheet:**Step 1: S = State the problem**

- Trigger #1: I'm more likely to have unsafe sex when I'm drunk from a night of celebrating.

Step 2: M = Make a goal

- Trigger #1: Avoid having sex when I'm drunk from a night of celebrating.

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- Trigger #1:
 - ◆ Limit the number of drinks I have to 3 and drink them slowly so they last through the night. Switch to soda or water after 3 drinks.
 - ◆ Before I go out to celebrate make a promise not to have sex.
 - ◆ Tell a friend my goal so he or she can intervene if I am getting too drunk or heavily flirting with a guy.
 - ◆ If I meet someone at the bar who wants to have sex, let him know that I only have protected sex. Let him know before we get carried away.
 - ◆ Carry condoms with me just in case.
 - ◆ Instead of going out drinking to celebrate, invite a close friend out for a nice dinner.

Step 4: R = Reach a decision about which actions you could take

- Work with the client to weigh the advantages and disadvantages of each option and choose the best solution. Ask how realistic the solution is. If it's not realistic, it most likely will not work.

Step 5: T = Try it and review it

- ▶ **What do you think about your plan? What thoughts come to mind?**

Sample completed worksheet - *continued*

- If the client expresses unhelpful thoughts (e.g., “I won’t be able to do this.”, “This is too hard for me.”, “I don’t deserve it.”, etc.), use **CLEAR** Thinking techniques to counter the negative thoughts by reframing or arguing against them, or using self-talk:
 - ◆ Keeping your Ideal Self characteristics, how can you argue against this thought?
 - ◆ What are some helpful things you can say to yourself?
 - ◆ Which thoughts do you think will allow you to succeed?

This page intentionally left blank.

Activity 4: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **We started off today by talking about what unsafe sex means to you. We worked hard on slowing down your thoughts and feelings that lead you to unsafe sex. Then we identified some of your unsafe sex triggers and assessed which ones greatly influence your choice to have unsafe sex and which ones are difficult to control. We learned about the relationship between drugs, alcohol, and sex and assessed the role drugs and alcohol play in your sex life. Finally, we applied SMART Problem-Solving to <insert one or two depending on the number of triggers problem solved> of your triggers. SMART Problem-Solving is a skill that can help you identify the different choices you have in a situation so you can pick the option that best supports your goals.**

Praise the client for something positive he or she did during the session. For example, “I really liked that you engaged in every activity we did today.”

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client’s prevention goal related to sexual risk.

The client’s Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client’s accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today’s session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today’s session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

► Some examples of possible goals for this week could be:

- **Pay attention to your unsafe sex triggers and write down ones we didn’t have a chance to discuss today.**
- **Try applying the action steps for one of the triggers we came up with today. Ask yourself how it went and how you could improve.**

Suggestions for Weekly Goals - *continued*



- **Take notice about how drinking and getting high affects your thoughts and feelings about sex and condoms.**
- **Try applying SMART Problem-Solving to another one of your triggers.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Substance Use Weekly Schedule



Distribute the Substance Use Weekly Schedule

If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Sexual Risk Session 1

Handouts

- SMART Problem-Solving Guidelines

Worksheets

- Applying SMART Problem-Solving
- Identifying My Triggers for Unsafe Sex
- What's My Comfort Level?

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ SMART Problem-Solving Guidelines

Step 1: S = State the problem

- Is the problem stated clearly? (Writing it down will help you define it clearly.)
- Is it complete?
- What's your read on the Feeling Thermometer when you think about the problem?

Step 2: M = Make a goal

- Exactly what do you want to accomplish? What do you want to change from the way it is now?
- Is the goal stated clearly?
- Is it specific, so you can for sure tell when you have achieved it? (Again, writing it down will help.)
- Are you sure this is the goal you want? Can you make a commitment to working on it?

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- Are these all of the actions you could reasonably take that would achieve your goal?
- Is each action stated clearly?
- Do the actions specify just one thing to do, as opposed to several things at the same time?
- Does each action describe something you will do, as opposed to how you will feel or think? (It's best to have at least three actions to choose from if possible.)

Step 4: R = Reach a decision about which actions you could take

- Have you picked the best course of action, the one with the most pros and the fewest cons?
- How will you get the skills that you need, if you don't have them already?
- How will you get the resources that you need, if you don't have them already?

Step 4: R = Reach a decision about which actions you could take - *continued*

- **Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)**
- **What is going to be your plan for taking the action? What are the specific steps?**
- **What things can get in the way of taking this action and being successful with it? Is there anything you know about for sure that will make it difficult? Is there anything that might go wrong?**
- **What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?**

Step 5: T = Try it and review it

- **Did the action work out as you expected?**
- **Were you successful in taking your action? Completely? Partly?**
- **Would you do anything differently if you were starting again?**
- **Did the action you took achieve the goal you wanted to accomplish? Completely? Partly?**
- **Do you need to make a new plan in order to be successful in taking this action?**
- **Do you need to find a new action that will move you forward toward achieving your goal?**

■ Applying SMART Problem-Solving

Step 1: S = State the problem

Step 2: M = Make a goal

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- ---
- ---
- ---
- ---
- ---

Step 4: R = Reach a decision about which actions you could take

- What's the best course of action, the one with the most pros and the fewest cons?
- Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)
- What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?

Step 5: T = Try it and review it

- Did the action work out as you expected?
- Were you successful in taking your action? Completely? Partly?
- Would you do anything differently if you were starting again?

This Page Intentionally Left Blank.

■ Identifying My Triggers for Unsafe Sex



Triggers are the situations, people, places, or substances that set us off and lead to unsafe sex. We can identify the triggers in the events that lead up to the unsafe sex. The following questions can help you identify your triggers.

- When was the last time you had unsafe sex?
- Was your partner a new, casual, or steady partner?
- Where were you before you had sex (e.g. at a bar, party, park, dinner, etc.)?
- Who was there? Why were you there?
- What led to the sex? (e.g., were you flirting, drinking, fighting, etc.)?
- Were drugs or alcohol present?
- Were there any stressful events going on in your life at that time?
- Who initiated the unsafe sex?
- When you thought about bringing up safer sex with your partner, where was your Feeling Thermometer?
- Where was your Feeling Thermometer right before the sexual activity?
- What were your thoughts about having unsafe sex before it happened?
- How would your Ideal Self like the encounter to have been different?

Trigger	How influential is this trigger?	How difficult is it to control this trigger?
	None (1) - Highest (5)	Easiest (1) - Highest (5)
Places:		
People:		
Life Events or Circumstances:		
Drugs or Alcohol:		
External Pressure (e.g., your partner, friends, etc.):		

This Page Intentionally Left Blank.

■ What's My Comfort Level?

What's My Comfort Level?	
Sexual Activity	Feeling Thermometer Reading

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions
Sexual Risk Session 2:
How to Use Condoms (Correctly)

This page intentionally left blank.

CLEAR: Sexual Risk 2

How to Use Condoms (Correctly)

(65 Minutes)

Session Aims:

- To explore the client's thoughts and attitudes about condom use.
- To apply **CLEAR** Thinking to counter negative thoughts about condoms.
- To educate the client on the proper use of male and female condoms.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

What are My Thoughts About Condoms? (20 minutes)

- The purposes of this activity are to identify the client's comfort level using condoms, and to apply **CLEAR** Thinking to change unhelpful thoughts about condoms.

How Do I Use a Female Condom? (10 minutes)

- The purposes of this activity are to familiarize the client with the female condom and increase knowledge about using it for vaginal and anal sex.

How Do I Use a Male Condom? (10 minutes)

- The purpose of this activity is to increase the client's knowledge about using condoms correctly. Illustrations and an anatomical model are used so the client can practice.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials: Sexual Risk 2

Handouts

- How To Use a Female Condom
- How To Use a Male Condom
- *Where Can I Get Condoms?

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- Female Condoms (2)
- Female pelvic model
- Male Condoms (2)
- Penis Model
- Water-based lubricant

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

** Note: We recommend compiling a list of local resources where the client can obtain male and female condoms for free or at a reduced price.*

Activity 1: Check-In

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Today’s topic is about condoms. We will spend some time exploring your thoughts and feelings about condoms, and learn how to correctly use the female and male condom.**

Introduction to Today's Session - *continued*

- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer readings, thoughts, and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: What are My Thoughts About Condoms?

Time

- 20 minutes

Activity Materials

- Blank Notebook Paper (2 pages)

Counselor Note

The purpose of this activity is to decrease the client's negative thoughts about condom use. This is accomplished by helping the client identify his or her comfort level with condoms, and using CLEAR Thinking to counter any of his or her negative attitudes.

Pros and Cons of Condoms

- ▶ **Let's start off today's discussion by brainstorming some of the pros and cons of condoms.**
- ▶ **Let's start with the pros of condom use. What advantages are there to using condoms?**

Write down the client's list of pros on blank notebook paper.

Suggest the following if the client does not mention them:

- Condoms help me protect my health.
- Condoms help me protect my partners.
- Condoms allow me to express myself sexually without any burden or guilt.
- Condoms allow me to have a safer and more spontaneous sex life.
- Condoms help me express my Ideal Self.

Use the Feeling Thermometer to assess the client's comfort level with each of the pros of condom use that he or she has mentioned.

- ▶ **Where are you on the Feeling Thermometer when you think of each of these pros of condom use?**



Ask the client to list the cons of condom use.

- ▶ **Now let's talk about the cons of condom use. What do you think are the disadvantages of using condoms?**

Try to elicit at least five responses. Suggest the following to the client if he or she is having difficulty coming up with personal cons of condom use.

- I don't like condoms because they kill the moment.
- Sex doesn't feel as good when I use condoms.
- There is nothing more unromantic than latex.
- My partner loses his erection when we use condoms.
- Condoms aren't necessary since my partner and I are both HIV positive.

On a separate blank sheet of notebook paper, write down the client's list of cons.



Use the Feeling Thermometer to assess the client's comfort level with each of the cons of condom use that he or she has mentioned.

- ▶ **Where are you on the Feeling Thermometer when you think of each of these cons of condom use?**

Make the link between negative thoughts and high Feeling Thermometer readings: unhelpful or negative thoughts about condoms often lead to discomfort on the Feeling Thermometer.

- ▶ **Looking at these two lists we created, you can see that you don't have just one opinion about condoms. You have many different thoughts about them. Some thoughts are positive and some are negative.**
- ▶ **Often we will express our thoughts about condoms in only one light— either positive or negative. But in reality, we hold many thoughts at the same time.**

Place the two lists together side by side. Encourage the client to identify and reframe the negative thoughts.

- ▶ **I would like us to practice applying CLEAR Thinking to what we've listed as the disadvantages of using a condom. CLEAR Thinking is seeing the positive side of what appears to be negative.**

Work through the list of cons and counter each of them. Use the client's list of positives to help with **CLEAR** Thinking. For example:

Con: "Sex doesn't feel as good when I use condoms."

CLEAR Thought: "Using condoms may not be ideal, but they allow me to be spontaneous, safe, and worry free. I may feel better if I relax."



- ▶ **How could you counter your negative thoughts about using condoms?**
- ▶ **What are some helpful things you could say to yourself?**

Use the Feeling Thermometer to assess the client's comfort level with each **CLEAR** Thought that has replaced a negative thought about condom use.

- ▶ **Where are you on the Feeling Thermometer reading when you consider each of these CLEAR Thoughts?**
- ▶ **When we change our unhelpful thoughts, we can also change our Feeling Thermometer reading and our reactions to a situation.**
- ▶ **CLEAR Thinking can help you overcome thoughts that are barriers to condom use.**

This page intentionally left blank.

Activity 3: How Do I Use the Female Condom?

Time

- 10 minutes

Activity Materials

- Female Condoms (2)
- Female pelvic model
- Handout: How to Use a Female Condom

Counselor Note

The purposes of this activity are to familiarize the client with the female condom and increase knowledge about its use.

Female Condom

Initiate a discussion about the female condom.

- ▶ **Before you learn how to use a female condom, tell me what ideas you already have about them.**

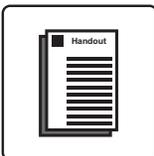
Encourage sharing of preconceived ideas.

If the client is not familiar with the female condom, continue with these questions:

- For example, what do you think they look like?
- How do you use them?
- What do they feel like?

Distribute the How to Use a Female Condom handout and review it with the client. Pause for a moment and ask for any questions after each step is read.

After you have reviewed the handout, use the female pelvic model and have the client practice inserting the female condom.



- ▶ **The female condom is a method that gives a woman control over its use—she doesn't have to rely on her partner using a male condom.**
- ▶ **Sometimes Men who have Sex with Men (MSM) may use female condoms for anal intercourse.**
- ▶ **Next, let's talk about the male condom, which I'll just call "condoms."**

Activity 4: How Do I Use a Male Condom?

Time

- 10 minutes

Activity Materials

- Handout: How To Use a Male Condom
- Male condoms (2)
- Penis Models (2)
- Water-based lubricant

Counselor Note

The purpose of this exercise is to increase the client's knowledge about using condoms correctly. Illustrations and an anatomical model are used so the client can practice.

Male Condom

- ▶ **For people who are sexually active, condoms, when used correctly and consistently, are effective in offering protection against HIV transmission. They can also be effective in preventing the transmission of many STI.**
- ▶ **There are three basic kinds of condoms: latex, polyurethane, and natural skin.**
- ▶ **Natural skin condoms have very small pores or holes, which are large enough to allow the HIV virus to pass through. We don't recommend using those at all.**
- ▶ **If you are allergic to latex, a polyurethane condom is a great alternative.**
- ▶ **We don't recommend using "novelty" condoms (e.g., glow in the dark condoms) for vaginal or anal use.**
- ▶ **You probably know, in general, how to put on a condom. But there are some special points that will help you make sure the condom doesn't break.**



Distribute the How to Use a Male Condom handout and review it with the client.

- ▶ **I have a condom and a penis model. Let's review the information on the handout, and then practice putting the condom on the model.**

Use the penis model and have the client practice applying the condom.

- ▶ **Are there any questions about how to use a male condom?**

Answer questions on how to use a condom.

Activity 5: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today, we explored your thoughts and feelings about condoms, and practiced reframing negative thoughts. Then, we went over how to use a female condom and a male condom.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to sexual risk.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Use a latex or polyurethane condom if you have sex.**
 - **Get a supply of latex or polyurethane female and male condoms.**
 - **Practice thinking CLEAR about condoms.**
 - **Try using a female condom.**



Suggestions for Weekly Goals - *continued*

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client’s workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client’s workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today’s session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today’s session?
- What did you learn that you can apply to your life?
- What could be improved about today’s session?

END OF SESSION

Required Materials: Sexual Risk Session 2

Handouts

- How To Use a Female Condom
- How To Use a Male Condom
- *Where Can I Get Condoms?

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

** Note: We recommend compiling a list of local resources where the client can obtain male and female condoms for free or at a reduced price*

This Page Intentionally Left Blank.

■ How To Use A Female Condom

Directions:

1. Find a comfortable position to insert the condom. Three possible options are standing with one foot on a chair, squatting with your knees apart or lying down with your legs bent and knees apart.
2. Hold the female condom with the open end hanging down. Squeeze the inner ring (at the closed end) with your thumb and middle finger and insert it into the vagina just past the pubic bone, much like a diaphragm or cervical cap. This inner ring is for making it easy to insert and will keep the condom anchored in place. Make sure the condom is inserted straight and not twisted.
3. The outer ring stays outside of the vagina after it is inserted. Once in place, the condom should cover the woman's labia and the base of the penis during intercourse.
4. Use your hand to guide the penis into the female condom. If you don't pay attention the penis could go beside the condom and directly into the vagina. If something does goes wrong getting started or while having sex, throw the condom away and start again.
5. If the outer ring gets pushed into the vagina, stop and discard the condom. Put a new condom in and try again.

Tips:

- Use a condom every time you have sex.
- Use a **new** condom every time you have sex; never use the same condom twice.
- Do not use a male condom and a female condom at the same time. They are both more likely to break.
- If you tear the condom anywhere, don't use it.
- Use enough lubricant in the condom to keep it slippery wet. Don't let it get dry or too sticky. Add more lube or a little water as needed.
- Don't have sex if you're high or drunk.
- Remember that the female condom can be put on ahead of time in private, or in front of a partner right before you have sex if you wish.
- You could even teach your partner how to insert it and make it part of your lovemaking.
- Inserting a female condom correctly takes a little more practice than learning how to put on a male condom.
- If you think you might try them, practice a few times before you try to use them for real.
- Don't re-use the female condom. If you're having sex with two or more people at the same time, make sure to insert a new female condom when you switch partners.

This Page Intentionally Left Blank.

■ How To Use A Male Condom

Putting It On:

1. Check the expiration date on condom package.
2. Open the package carefully.
3. Put a drop of water-based lubricant inside the tip of the condom. Make sure the lubricant or condom does not contain Nonoxynol-9.
4. Roll down ½ inch of the condom.
5. Put the condom against the head of the hard penis. If the penis is uncircumcised, pull back the foreskin.
6. Squeeze any air out of the tip of the condom before rolling it down.
7. Roll the condom all the way down to the base of the penis.
8. Gently smooth out any extra air.

Taking It Off:

1. Pull out gently while the penis is still hard.
2. Hold the condom at the base of the penis while pulling out so the condom doesn't leak or slip off.
3. Starting at the base, roll the condom off carefully so the semen doesn't spill.
4. Throw the condom away. Never use a condom twice.

Do:

1. Use only latex condoms.
2. Use for vaginal, anal, and oral sex.
3. Use only with water-based lubricant.
4. Check the condom packet for punctures.
5. Put on the condom before the penis even touches the anus, vagina, or mouth.
6. Pull back foreskin before rolling the condom down if the penis is uncircumcised.
7. Leave a little room at the end of the condom for the semen.
8. Use a new condom each time you have sex. They cannot be reused.

Don't:

- Don't use an oil-based lubricant.
- Do not use condoms or lubricants that contain Nonoxynol-9.
- Don't use a condom more than once.
- Don't puncture them.
- Don't use lambskin condoms.
- Don't have sex without a condom.
- Don't have sex when you are high or drunk.

This Page Intentionally Left Blank.

■ Where Can I Get Condoms?

(To be developed locally)

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

Sexual Risk Session 3:

Can I Influence My Partner To Use Condoms?

This page intentionally left blank.

CLEAR: Sexual Risk 3

Can I Influence My Partner To Use Condoms?

(60 Minutes)

Session Aims:

- To encourage the client to set a personal goal of condom use with all partners.
- To develop the client's skills in refusing unprotected sex and introducing condom use to new or casual and steady partners.

Summary of Activities:

Check-in (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals that were set during the previous session are reviewed, and the activities and purposes of the session are outlined.

What Does It Mean to Influence My Partner? (15 minutes)

- The purposes of this activity are to explore the client's past experiences with introducing condoms into a sexual relationship, and to discuss some of the possible barriers he or she might face in getting his or her partners to accept condoms.

How Do I Influence My Partner to Accept Condoms? (20 minutes)

- The purpose of this activity is to increase the client's understanding of how to influence a partner to accept condoms by using assertive communication.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials: Sexual Risk 3

Handouts

- Assertive Communication
- Getting Ready to Influence My Steady Partner to Accept Condoms

Worksheets

- F-T-D Grid
- Persuading My Sexual Partners

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-In

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Today we are going to talk about communicating our desires and needs with our partners, particularly around condom use. We will first explore some of the conflicts and challenges in introducing condom use into both casual and steady relationships. Then we will come up with and practice strategies for persuading your partner to use condoms during sex.**

Introduction to Today's Session - *continued*

- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer readings, thoughts, and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: What Does It Mean To Influence My Partner?

Time

- 15 minutes

Activity Materials

- Worksheet: F-T-D Grid
- Worksheet: Persuading My Sexual Partners

Counselor Note

The purposes of this activity are to explore the client’s past experiences with introducing condoms into a sexual relationship, and to discuss some of the possible barriers he or she might face with each of his or her sexual partners.

Condoms In Your Relationships

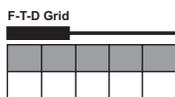
- ▶ **I want to congratulate you on showing interest in introducing condoms into your relationships. This is a very key step in protecting yourself and others.**
- ▶ **Let’s start off today’s session by talking about your past experiences with introducing condoms into your sexual relationships.**

Distribute the F-T-D Grid worksheet. Ask the client to identify a situation when a partner asked the client to use a condom. Work with the client to complete the grid by identifying feelings, thoughts, and actions.

- ▶ **Has a new, casual, or steady sexual partner ever verbally or non-verbally indicated a desire to use a condom? Can you think of a specific situation?**
- ▶ **What were your thoughts?**

Use the Feeling Thermometer to assess the client’s comfort level when a partner introduced condoms into a relationship.

- ▶ **What was your Feeling Thermometer reading?**





▶ **What did you do?**

Complete the F-T-D grid.

Ask the client to identify a time when the client introduced condoms into a relationship.

- ▶ **Have you ever introduced condoms into one of your relationships? Can you think of a specific situation?**
- ▶ **What were your thoughts before, during, and after the situation?**

Use the Feeling Thermometer to assess the client's comfort level with introducing condoms into a relationship.

- ▶ **What was your Feeling Thermometer reading before, during, and after the situation?**
- ▶ **What did you decide to do? Did you use the condom?**
- ▶ **How did your partner respond?**

Fill in the F-T-D grid, noting feelings, thoughts, and actions before, during, and after the client introduced condoms into the relationship.

Help the client identify patterns in the completed F-T-D grid.

- ▶ **When you look at the F-T-D grid, do you see any patterns?**

Engage the client in a discussion.

Persuading Sexual Partners to Use Condoms

- ▶ **Before we talk about how to introduce condoms into your relationships, I think we should take some time to think about what it might mean. If we can prepare ourselves for the possible responses our partners might have, then the introduction may be much more comfortable**



Distribute a copy of the Persuading My Sexual Partners worksheet and work with the client to complete it.

- ▶ **Let's complete this worksheet that helps us think about introducing condoms to sexual partners.**
- ▶ **First, cross out any type of partner who doesn't apply to you. Then add anyone you would like to include at the bottom of the list.**

Persuading Sexual Partners to Use Condoms - *continued*

- ▶ **For each person on your list, first tell me the thoughts you have when you think about introducing condoms to your relationship with this person.**
- ▶ **Now tell me where you are on the Feeling Thermometer reading when you think about introducing condoms to your relationship with this person.**

Work through the client's entire list.

- ▶ **We'll work through your entire list.**

Complete the worksheet. Help the client identify patterns in his or her thoughts and Feeling Thermometer readings.

- ▶ **When you look at the worksheet, do you see any patterns?**

Engage the client in a discussion.

Ask the client to identify with whom introducing condoms causes a moderately high discomfort (i.e., a 40-60 on the Feeling Thermometer). Ask the client how he or she could use **CLEAR** Thinking to counter the negative thoughts. Then ask the client what he or she could do to lower the Feeling Thermometer reading.

This page intentionally left blank.

Activity 3: How Do I Get My Partner to Accept Condoms?

Time

- 20 minutes

Activity Materials

- Handout: Assertive Communication
- Handout: Getting Ready to Influence Your Steady Partner to Accept Condoms

Counselor Note

The purposes of this activity are to increase the client's ability to influence a partner to accept condoms by using assertive communication.

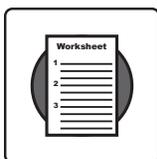
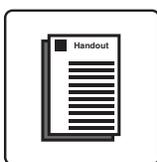
Introducing Condoms to New or Casual Partners

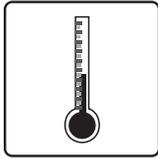
- ▶ **There are some real differences between convincing a new partner you've just met to use a condom versus convincing a steady partner you have an ongoing sexual relationship with.**
- ▶ **Using assertive communication may make the discussion much better.**

Distribute the Assertive Communication handout and review it with the client.

Ask the client to choose a new or casual sexual partner from the Persuading My Sexual Partners worksheet used in the last activity.

- ▶ **Let's start by talking about ways to get your new or casual partners to accept condoms. We can use one of the examples from the Persuading My Sexual Partners worksheet unless you have another suggestion. Which partner would you like to influence?**
- ▶ **Let's try to use assertive communication guidelines as we think about what to say.**





- ▶ **When you think about having this discussion with a partner, begin by using the Feeling Thermometer to assess your level of comfort.**

Use the Feeling Thermometer to assess the client's comfort level with introducing condoms into a relationship with a new or casual partner.

- ▶ **Where is your comfort level? What thoughts come to mind about bringing up condoms?**

Review the discussion from the previous activity.



- ▶ **Second, keep in mind how your Ideal Self would want you to handle this situation.**
- ▶ **Determine the client's optimal Feeling Thermometer reading.**
- ▶ **Third, think about where you would need to be on the Feeling Thermometer for you to be able to keep in mind your Ideal Self characteristics and use assertive communication to influence your partner to use condoms. Where do you think you need to be?**
- ▶ **What can you do to get yourself to this level? How can you counter unhelpful thoughts and replace them with CLEAR Thoughts?**

Get ideas from the client. Suggest relaxation and CLEAR Thinking as possible strategies.

- ▶ **Another idea may be to consider where and when you could introduce condoms. When should you bring up condoms? Would your Feeling Thermometer reading be lower if you were to bring the discussion up early on? Where would it be if you waited until the last minute?**
- ▶ **How does alcohol and drugs affect your communication?**

Engage the client in a discussion.

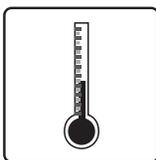
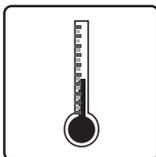


Unscripted Role-Play

Ask the client to role-play introducing a condom into the relationship with the new or casual partner. Play the role of the partner.

When the role-play is over, ask the client:

- **What do you think you did well during the role-play?**
- **What could you have done differently?**
- **How did you use assertive communication?**
- **Where were you on the Feeling Thermometer during the role-play?**
- **Where are you on the Feeling Thermometer now that it's over?**



Introducing Condoms to Steady Partners

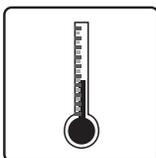
- ▶ **Introducing condoms to a steady partner requires a somewhat different approach than with someone you do not know well.**
- ▶ **One reason is because you care more about your steady partner's reaction and have a history there. Also, it is sometimes more difficult to express your needs and desires with someone you love and respect, since you are much more vulnerable to getting hurt. On the other hand, doing so can strengthen your relationship and make you two closer.**
- ▶ **Introducing an important change like this into a relationship can be difficult. This is especially true if you haven't told your partner that you are HIV-positive.**

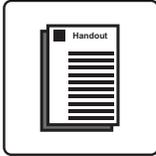
Use these questions to initiate a discussion.

- ▶ **What do you think is important to keep in mind when you're trying to influence your steady partner?**
- ▶ **How would it help to keep your Ideal Self characteristics in mind when trying to influence your partner?**

Use the Feeling Thermometer to assess the client's comfort level in introducing condoms to a steady partner.

- ▶ **What is your Feeling Thermometer reading about introducing condoms to a steady partner?**





► **What thoughts come to mind?**

Engage in a brief discussion.

► **Again we will apply the assertive communication techniques, but first there are some points to consider in getting ready.**

Give the client a copy of the Getting Ready to Influence Your Steady Partner to Accept Condoms handout. Discuss the first four points in the “Get Ready” section of the handout.

Getting Ready to Influence Your Steady Partner to Accept Condoms

1. Think of a time you got your partner to do something you wanted. How did you do it?
2. Decide the end result you are willing to live with: Is it more important to protect your partner and yourself by insisting on using condoms, no matter what, or to keep your relationship with that partner if he is really serious about not using condoms.
3. Think of ways to make your partner feel good about himself or herself.
4. Pick a good time and place.

Engage the client in a discussion.

► **Those were some great suggestions.**

► **When you think about assertive communication and all the things we’ve talked about in terms of persuading partners to use condoms, what points do you think are really important for persuading steady partners?**

Engage the client in a discussion.



Unscripted Role-Play

Ask the client to role-play introducing a condom into the relationship with a steady partner. Play the role of the partner.

- **When the role-play is over, ask the client:**
- **What do you think you did well during the role-play?**
- **What could you have done differently?**
- **How did you use assertive communication?**
- **Where were you on the Feeling Thermometer during the role-play?**
- **Where are you on the Feeling Thermometer now that it's over?**
- ▶ **This is great work.**



This page intentionally left blank.

Activity 4: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **We started by exploring your past experiences with introducing condoms into your sexual relationships. Then, we considered some of your possible sexual partners and discussed what their possible responses might be if you were to introduce condoms. Finally, you came up with some great suggestions on how you could approach the subject with your new, casual, and steady partners, and what might influence them to accept using condoms.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to sexual risk.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

► Some examples of possible goals for this week could be:

- Write a list of the reasons why you would want to start using condoms with your sexual partner(s).
- Introduce condoms into your relationship using the guidelines we came up with today.
- Engage in a discussion with a friend about how he or she might introduce condoms to a sexual partner.
- Go to a clinic and get a stash of condoms or female condoms.



Suggestions for Weekly Goals - *continued*

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Sexual Risk Session 3

Handouts

- Assertive Communication
- Getting Ready to Influence My Steady Partner to Accept Condoms

Worksheets

- F-T-D Grid
- Persuading My Sexual Partners

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ Assertive Communication

My Ideal Feeling Thermometer Range: _____

I. The first component of assertive communication is “What to Say.”

1. Use “I” statements.

- ◆ Put your comments in terms of “I want” or “I need.”
- ◆ DO NOT use “you should.”

2. State what you need.

- ◆ Let the other person know what you want them to do.
- ◆ Avoid misunderstandings.
- ◆ Don’t assume another person can read your mind.

II. The second component of assertive communication is “How to Say It.”

1. Say something positive.

- ◆ It puts people in a better frame of mind.
- ◆ They won’t be defensive.

2. Listen to the other person and show you understand.

- ◆ It helps when others think you can put yourself in their shoes.
- ◆ It can change your own point of view.

3. Provide information they need to know.

- ◆ You may know more about what is important to you than they do.
- ◆ Tell them what you think is important and give them the information they want.

4. State your feelings in a non-hostile way. Use “I” statements. For example, “I feel frustrated because you don’t seem to be listening to me.”

- ◆ If a conversation is not going well with another person, name the feeling, communicate it, and explain it.
- ◆ Anger usually comes when you are feeling uncomfortable – more than a reading of 60 on the Feeling Thermometer. Try to communicate the feelings that you may be experiencing, such as frustration, hurt, rejection fear, or anxiety, when your Feeling Thermometer reading is still low.
- ◆ When a person’s Feeling Thermometer reading is over 60 and he or she is feeling angry, it is common for that person to end up attacking the other person and communicating a blaming message.
- ◆ Your interactions will go more smoothly if you communicate the feelings before they become too uncomfortable, and before they lead to anger.

This Page Intentionally Left Blank.

■ Getting Ready To Influence My Steady Partner To Accept Condoms

Get Ready:

- Think of a time you got your partner to do something you wanted. How did you do it?
- Decide the end result you are willing to live with: Is it more important to protect your partner and yourself by insisting on using condoms, no matter what, or to keep your relationship with that partner if he is really serious about not using condoms.
- Think of ways to make your partner feel good about him- or herself.
- Pick a good time and place.

Do's:

- **Do** start with something positive.
- **Do** tell your partner how you feel and what you want. For example, say how happy you will be if the two of you use protection.
- **Do** repeat back to your partner what your partner says he or she wants from you.
- **Do** tell your partner when he or she says or does something that you like.
- **Do** stop the moment the discussion gets negative.

Don'ts:

- **Don't** put your partner down.
- **Don't** keep trying to talk to your partner if he or she makes nasty comments about you.
- **Don't** let your rights be violated.

This Page Intentionally Left Blank.

F-T-D Grid

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action

This Page Intentionally Left Blank.

■ Persuading My Sexual Partners

Answer the following questions for **each** sexual partner:

- What do you think your partner's response would be?
- How would you respond if he or she refused to have sex with a condom?
- How would you feel if he or she refused to have sex with you with a condom?
- How would his or her refusal affect your relationship?

Type of Partner	Thoughts	Feeling Thermometer Reading
A long time partner who is HIV negative or of unknown status.		
A long time partner who is HIV positive.		
Someone you just met at a bar.		
Someone you just met on-line.		
Someone at a club.		
Someone at a public place.		
An HIV negative person you just met.		
An HIV positive person you just met.		
A person of unknown status you just met.		
Someone you have a casual sexual relationship with.		

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

Sexual Risk Session 4:

Can I Influence My Partner To Engage in Safer Sex?

This page intentionally left blank.

CLEAR: Sexual Risk 4

Can I Influence My Partner To Engage in Safer Sex?

(65 Minutes)

Session Aims:

- To increase the client's skills for protecting him- or herself and others from HIV infection, re-infection, and other sexually transmitted infection.
- To teach the client assertive communication skills for negotiating safer sex and abstinence.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

What's Safe? (20 minutes)

- The purposes of this activity are to explore how much protection different sex acts afford, and to identify alternative sexual acts that are both pleasurable and provide higher degrees of protection.

How Do I Communicate My Safer Sex Desires to My Partner? (20 minutes)

- The purpose of this activity is to teach the client skills to influence a partner to accept using condoms, opt for safer sex acts, or abstain from sex by modeling and practicing assertive communication.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials: Sexual Risk 4

Handouts

- Assertive Communication

Worksheets

- Making It Safer

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-In

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.



Substance Use Weekly Schedule

If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Today we are going to talk about sex. We will examine the level of risk involved in different sex acts, and learn how to reduce the level of risk without sacrificing the pleasure. We’ll also talk about ways to communicate your sexual needs to your partners.**
- ▶ **The goal is to identify ways you can improve your sex life by making it safer and enhancing pleasure as much as possible.**

Introduction to Today's Session - *continued*

- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer readings, thoughts, and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: How Safe Is My Sex Life?

Time

- 20 minutes

Activity Materials

- Worksheet: Making It Safer

Counselor Note

The purposes of this activity are to explore how much protection different sex acts afford, and to focus on sexual acts that are pleasurable and provide higher degrees of protection.

What Is Safer Sex

Engage the client in a discussion. Get information that can be used to tailor the session to the client.

- ▶ **Let's define what safer sex means so we know exactly what we are talking about.**
- ▶ **“Safer sex” means modifying a sex act to reduce the risk of transmitting or acquiring HIV or STIs. For example, vaginal or anal sex with a condom is safer than vaginal or anal sex without a condom.**
- ▶ **Safer sex is not a guarantee that HIV or a STI will not be transmitted, but it does lower the risk.**
- ▶ **HIV is passed through vaginal fluid, semen, pre-seminal fluid, blood, and breast milk. It is most commonly transmitted through sex and sharing needles or syringes.**
- ▶ **Do you have any questions about the meaning of safer sex or how HIV is transmitted?**

Answer any questions the client has. Remind the client of your commitment to confidentiality.

- ▶ **Before we continue, I would like to reassure you that I am committed to keeping everything that is said in our sessions confidential.**



Give the client a copy of the Making It Safer worksheet.

- ▶ **This worksheet will help us work through ways of making sex safer.**
- ▶ **First, I'll ask you to list your current sexual activities or activities you think that you would like to engage in. So please take a few minutes and write your sexual activities in the "Sexual Activity" column.**

Assist the client as needed.

- ▶ **Now I'd like you to think about the risk of transmitting or acquiring HIV associated with each of these acts.**
- ▶ **In the Risk Rating box put an "H" in the blank if this is a high-risk act, an "M" if it is a medium-risk act, or an "L" if it is a low-risk act. Keep in mind that you are only rating the risk of passing or acquiring HIV.**

Assist the client as needed. Review the level of risk the client has assigned to each activity and correct any misinformation if necessary.

- ▶ **In the Pleasure Rating box, put an "H" in the blank if this is a highly pleasurable act, an "M" if it gives you medium pleasure, or an "L" if it rates low and does not give you much pleasure.**



Use the Feeling Thermometer to assess the client's level of comfort with each sexual activity.

- ▶ **Now I'd like you to use the Feeling Thermometer and tell me where you are on it after you've engaged in each of these activities. Please write your Feeling Thermometer reading in the appropriate box.**

Assist the client as needed.

- ▶ **Let's review the acts that have a high Feeling Thermometer reading. What about them causes you to have a higher rating? Are these acts high or low risk?**

If the client has indicated a high Feeling Thermometer reading in response to a high risk act, clarify which aspect(s) of the unsafe act has led to his or her high Feeling Thermometer reading. Utilize this information to help motivate the client to consider making the high risk acts safer or abstaining from it. For instance, the counselor may ask the client what he or she can do to feel more comfortable about the particular sex act.

What Is Safer Sex - *continued*

- ▶ **Now let's talk about some options for making riskier sexual acts safer and more pleasurable.**

Review the activities that have been rated moderate or high risk. Ask the client the following questions:

- **What makes this act risky?**
- **How can you make this act safer?**

Write the client's suggestions in the "How to Make This Activity Safer" column.

- ▶ **How do you think lowering the level of risk would impact your Feeling Thermometer reading?**

Engage the client in a discussion in a brief discussion of the client's responses.

This page intentionally left blank.

Activity 3: How Do I Communicate My Safer Sex Desires to My Partner?

Time

- 15 minutes

Activity Materials

- Handout: Assertive Communication

Counselor Note

The purpose of this activity is to teach the client skills to influence a partner to accept using condoms, opt for safer sex acts, or abstain from sex. Clients learn to use assertive communication through modeling and practice.

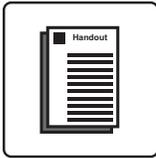
Communicating Safer Sex Desires

- ▶ **I want to talk about situations you may find yourself in where you would like to practice safer sex or abstain, but your partner wants to have unsafe sex.**
- ▶ **In an earlier session, we talked about communication. We talked about aggressive, assertive, and passive communication and how each communication style has its appropriate place.**
- ▶ **In this activity, I want to build on what we have learned so far.**
- ▶ **Do you have any questions about what we covered about communication before we begin?**

Answer any questions the client may have.

A brief review might be necessary if the client is confused about the differences between aggressive, assertive, and passive communication.

- ▶ **In a situation where you are trying to influence your partner to skip high-risk sex for safer options, assertive communication may work best.**



- ▶ **Assertive communication is communication in which you stand up for your own needs while also being concerned and respectful about the needs of the other person.**

Give the client a copy of the Assertive Communication handout.

- ▶ **Let's go over this handout and apply it to influencing your partner to have safer sex.**
- ▶ **The first component of assertive communication is "What to Say."**
- ▶ **Use "I" statements.**
 - **Put your comments in terms of "I want" or "I need."**
 - **DO NOT use "you should."**
- ▶ **How would you do this?**
- ▶ **There are two things to remember. Acknowledge what your partner is saying and use "I" statements.**
- ▶ **It helps to check out your understanding of your partner's point of view.**
- ▶ **In your own words, repeat back what your partner is telling you. That way he or she can clarify anything you may have misunderstood, and he or she will know you are listening.**
- ▶ **For example, if your partner said "I like feeling you when we have sex, using a condom kills it for me," how could you respond?**

Encourage a response that starts with "I" and includes acknowledging his or her partner's feelings and desires.

If the client is having difficulty, prompt with one of the following examples:

- **"Yeah, I hear what you are saying. I used to feel that way too."**
- **"I want to feel you too."**
- ▶ **State what you need.**
 - **Let the other person know what you want them to do.**
 - **Avoid misunderstanding.**
 - **Don't assume another person can read your mind.**

Communicating Safer Sex Desires

- continued

- ▶ **Once you get the hang of this one, it's really easy.**
- ▶ **First decide what you want your sexual partner to do.**
- ▶ **Then, state what you want, be positive, and use "I" statements. Also, pay close attention to your body language.**
- ▶ **Can you give me an example of what you might say if you wanted to use a condom?**

Encourage the client to give some examples.

If the client is having difficulty, prompt with one of the following examples:

- "I want to use a condom. It's important to me and makes me feel relaxed."
- "It's important to me to be safe and I think I can make it worth your while. Let's try it."
- "I can really relax and enjoy myself when I use a condom."
- "I need to keep myself as healthy as I can."
- "I want to feel good about myself by knowing I have protected my partner."

Follow the "I" statement with a reason you want to use a condom or opt for a safer sex act.

Review the remainder of the handout with the client.

- ▶ **If your partner refuses to respect your wishes, you have to know your bottom line. You may need to walk away from the situation.**
- ▶ **Knowing your bottom line before you get in a tough situation with a partner lets you stop before unsafe sex happens.**
- ▶ **Using assertive communication is a great way to tell people what you want. This doesn't mean you will always get exactly what you want. However, it will help you stay true to your Ideal Self and what you believe in, while also respecting your partner.**

- ▶ **Let's try practicing assertive communication. I'm going to use several different statements. Each one asks you to have unsafe sex. Your job is to keep your Ideal Self characteristics in mind and use assertive communication to stay safe.**
- ▶ **Refer to the guidelines to help you communicate assertively.**

Read each statement. Engage the client in a brief discussion. The interaction should go back and forth a few times in order to give the client an opportunity to gain confidence in making assertive statements.

Be encouraging. If the client is having difficulty, hint at possible responses. Roles can also be reversed to model the use of guidelines.

The statements are:

- **I love you and want to feel all of you. A rubber between us won't let that happen.**
- **Let's not use condoms. They just spoil the mood. Let's get high instead.**
- **You want to use a condom? Are you telling me you don't trust me?**
- **Why bother using condoms? We never used them before.**
- **Condoms don't protect you 100% anyway, so what's the point?**
- ▶ **Thanks, you did a really great job.**
- ▶ **I want to make one last point. Although we've been talking about using these guidelines to influence a partner to engage in safe or safer sex or abstaining, the same overall rules apply when talking assertively about anything. For example, if you were asking for a friend to treat you a certain way, it's important to tell that person you hear them, assert what you want in a positive way, list your reasons for what you want, and know your alternatives and bottom line.**
- ▶ **Assertive communication is a way of talking and interacting with others that allows you to stay true to your Ideal Self.**

Activity 4: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **We started off by looking at the levels of risk of some sexual activities and talked about how we could make these activities safer. We then learned how to assertively communicate our desires to our partners.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to sexual risk.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Make a list of reasons why you want to be safe that you can refer to when communicating with your partner.**
 - **Teach a friend how to make sex safer.**
 - **Try applying some of the suggestions we went over today for making your next sexual experience safer and pleasurable.**



Suggestions for Weekly Goals - *continued*

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Sexual Risk Session 4

Handouts

- Assertive Communication

Worksheets

- Making It Safer

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ Assertive Communication

My Ideal Feeling Thermometer Range: _____

I. The first component of assertive communication is “What to Say.”

1. Use “I” statements.

- ◆ Put your comments in terms of “I want” or “I need.”
- ◆ DO NOT use “you should.”

2. State what you need.

- ◆ Let the other person know what you want them to do.
- ◆ Avoid misunderstandings.
- ◆ Don’t assume another person can read your mind.

II. The second component of assertive communication is “How to Say It.”

1. Say something positive.

- ◆ It puts people in a better frame of mind.
- ◆ They won’t be defensive.

2. Listen to the other person and show you understand.

- ◆ It helps when others think you can put yourself in their shoes.
- ◆ It can change your own point of view.

3. Provide information they need to know.

- ◆ You may know more about what is important to you than they do.
- ◆ Tell them what you think is important and give them the information they want.

4. State your feelings in a non-hostile way. Use “I” statements. For example, “I feel frustrated because you don’t seem to be listening to me.”

- ◆ If a conversation is not going well with another person, name the feeling, communicate it, and explain it.
- ◆ Anger usually comes when you are feeling uncomfortable – more than a reading of 60 on the Feeling Thermometer. Try to communicate the feelings that you may be experiencing, such as frustration, hurt, rejection fear, or anxiety, when your Feeling Thermometer reading is still low.
- ◆ When a person’s Feeling Thermometer reading is over 60 and he or she is feeling angry, it is common for that person to end up attacking the other person and communicating a blaming message.
- ◆ Your interactions will go more smoothly if you communicate the feelings before they become too uncomfortable, and before they lead to anger.

This Page Intentionally Left Blank.

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

**Sexual Risk Session 5:
How Do I Refuse Unsafe Sex?**

This page intentionally left blank.

CLEAR: Sexual Risk 5

How Do I Refuse Unsafe Sex?

(55 Minutes)

Session Aims:

- To reinforce the client's strengths and values by developing guidelines for living.
- To use the client's Ideal Self to motivate refusal of unsafe sex.
- To increase the client's ability to use assertive communication to refuse unsafe sex.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

How Do I Refuse Unsafe Sex? (35 minutes)

- The purpose of this activity is to increase the client's skills for refusing unsafe and unwanted sex. Guidelines are reviewed and applied to situations in which he or she would like to refuse unsafe sex.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials: Sexual Risk 5

Handouts

- Assertive Communication

Worksheets

- F-T-D Grid

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-In

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ◆ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ◆ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Today we are going to talk about refusing unsafe sex. We will spend some time talking about why you might choose to refuse unsafe sex and explore what that decision would mean. Finally we will come up with strategies for refusing unsafe sex for if and when you make that decision.**

Introduction to Today's Session - *continued*

- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer readings, thoughts, and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: How Do I Refuse Unsafe Sex?

Time

- 35 minutes

Activity Materials

- Handout: Assertive Communication
- Worksheet: F-T-D Grid

Counselor Note

The purpose of this activity is to increase the client’s skills for refusing unsafe sex. Guidelines are reviewed and applied to situations in which he or she would like to refuse unsafe sex.

Refusing Unsafe Sex

- ▶ **Let’s talk about situations when you have refused unsafe sex. How has this issue come up for you?**
- ▶ **Have you ever been in a situation with a new, casual, and/or steady partner and refused to have unsafe sex with him or her?**

Counselor Note

If the client answers “no”, ask the client what might happen if he or she were to refuse unsafe sex with a current partner or a new partner. Modify the series of questions below to probe what he or she thinks will happen.

Ask the client to describe the situation(s).

- ▶ **What happened?**

Distribute the F-T-D Grid worksheet and use the information shared by the client to complete it.

Use the Feeling Thermometer to assess the client’s comfort level before, during, and after the refusal.

F-T-D Grid



- ▶ Where were you on the Feeling Thermometer before, during, and after the refusal?
- ▶ What were your thoughts before, during, and after the refusal?
- ▶ What did you do (e.g., not have sex, have safer sex, etc.)?
- ▶ Thank you for sharing your experience.
- ▶ As you can see, there are many factors that can be weighed in your decision to refuse unsafe sex. That decision often comes with conflicting thoughts and feelings, especially if your partner is pressuring you.
- ▶ The “right” thing to do is act in a way that is consistent with your Ideal Self.
- ▶ Think about the characteristics of your Ideal Self. How do those characteristics inform decisions about refusing unprotected sex?

Engage the client in a dialogue. Help the client understand how the Ideal Self can be a decision-making framework that can be applied to situations like refusing unprotected sex.

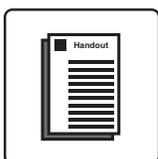
- ▶ Striving to be your Ideal Self may mean convincing your partner to use condoms, only connecting with people who want safer sex, and learning how to communicate your desires and your bottom line.

Assertive Communication

- ▶ Let’s talk about what successful refusal of unsafe sex would look like for you.
- ▶ What type of communication would you use: aggressive, assertive, or passive?

Engage in a brief discussion.

- ▶ Assertive communication can work with new partners, casual partners, and partners that you may have been with for a long time.



Give the client a copy of the Assertive Communication handout and review it.

Assertive Communication - *continued*

- ▶ Earlier you told me about a situation(s) in which you refused unsafe sex. I wrote down the situations and people that you mentioned. I would like for us to apply the assertive communication guidelines and develop options for refusing unsafe sex.
- ▶ Here's what we will do. First, for each situation, we will measure the level of discomfort you have refusing to have unsafe sex with that person. Then we'll look at your corresponding thoughts. If you have a high Feeling Thermometer reading and unhelpful thoughts, we'll think of ways for you to lower your discomfort and think helpful thoughts.
- ▶ Then, we'll role-play ways to respond to the person and refuse unsafe sex.

Refer the client to the completed F-T-D grid. Start with the Feeling Thermometer reading before, during, and after the refusal. If the client has a high Feeling Thermometer reading, brainstorm ideas for reducing the reading (e.g., doing a relaxation activity, planning in advance, etc.). Reframe any negative thoughts by coaching the client in replacing unhelpful thoughts with CLEAR Thoughts.



Unscripted Role-Play

Ask the client to role-play refusing unprotected sex. You play the part of the partner.

Debrief after the role-play.

- ▶ **How was the role-play for you?**

Use the Feeling Thermometer to assess the client's comfort level during the role-play.

- ▶ **What was your Feeling Thermometer reading?**
- ▶ **What thoughts were going through your mind? How did you use CLEAR Thinking?**
- ▶ **Tell me one thing you did that you liked and one thing that you would do differently?**





Explain to the client what you felt as the partner. Cover the following points:

- Your Feeling Thermometer reading.
- One thing that you liked about what the patient did.
- One thing that you would differently if you were the patient.
- ▶ **This was a wonderful activity. I am very impressed!**

Activity 3: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today we started off by developing guidelines for living that are based on your Ideal Self. We then explored how refusing unsafe sex fits in with your sex life and situations in which you would want to refuse unsafe sex. Finally we practiced using assertive communication by applying it to refusing unsafe sex.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to sexual risk.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Write down a list of reasons why you would want to refuse unsafe sex.**
 - **Practice using assertive communication in challenging life situations.**



Suggestions for Weekly Goals - *continued*

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Sexual Risk Session 5

Handouts

- Assertive Communication

Worksheets

- F-T-D Grid

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ Assertive Communication

My Ideal Feeling Thermometer Range: _____

I. The first component of assertive communication is “What to Say.”

1. Use “I” statements.

- ◆ Put your comments in terms of “I want” or “I need.”
- ◆ DO NOT use “you should.”

2. State what you need.

- ◆ Let the other person know what you want them to do.
- ◆ Avoid misunderstandings.
- ◆ Don’t assume another person can read your mind.

II. The second component of assertive communication is “How to Say It.”

1. Say something positive.

- ◆ It puts people in a better frame of mind.
- ◆ They won’t be defensive.

2. Listen to the other person and show you understand.

- ◆ It helps when others think you can put yourself in their shoes.
- ◆ It can change your own point of view.

3. Provide information they need to know.

- ◆ You may know more about what is important to you than they do.
- ◆ Tell them what you think is important and give them the information they want.

4. State your feelings in a non-hostile way. Use “I” statements. For example, “I feel frustrated because you don’t seem to be listening to me.”

- ◆ If a conversation is not going well with another person, name the feeling, communicate it, and explain it.
- ◆ Anger usually comes when you are feeling uncomfortable – more than a reading of 60 on the Feeling Thermometer. Try to communicate the feelings that you may be experiencing, such as frustration, hurt, rejection fear, or anxiety, when your Feeling Thermometer reading is still low.
- ◆ When a person’s Feeling Thermometer reading is over 60 and he or she is feeling angry, it is common for that person to end up attacking the other person and communicating a blaming message.
- ◆ Your interactions will go more smoothly if you communicate the feelings before they become too uncomfortable, and before they lead to anger.

This Page Intentionally Left Blank.

■ F-T-D Grid

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

Sexual Risk Session 6:

Should I Disclose My Status To My Sexual Partner(s)?

This page intentionally left blank.

CLEAR: Sexual Risk 6

Should I Disclose My Status To My Sexual Partner(s)?

(75 Minutes)

Session Aims:

- To identify the client's feelings and thoughts about HIV disclosure.
- To assess the pros and cons of HIV disclosure.
- To support positive self-concepts and enhance altruism.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

How Do I Feel About Disclosure? (20 minutes)

- The client shares positive and negative experiences of disclosing his or her HIV status to a sexual partner and shares comfort levels and thoughts about HIV disclosure.

The Pros and Cons of Sharing My Status (10 minutes)

- The client brainstorms pros and cons of disclosing his or her HIV status to current and potential sexual partners.

How Do I Tell A Partner I am HIV Positive? (20 minutes)

- The client is given a disclosure framework and a chance to practice disclosure.

What's Next (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials: Sexual Risk 6

Handouts

- HIV Disclosure Laws (to be prepared in advance)
- Pros and Cons of Disclosure
- Tips for Telling Your Partner You're HIV Positive

Worksheets

- F-T-D Grid

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-In

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Today we are going to discuss your thoughts and feelings about disclosing your HIV status with sexual partners. We’ll talk about some of the advantages and disadvantages of disclosing as well as how disclosure fits with your Ideal Self.**

Introduction to Today's Session - *continued*

- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer readings, thoughts, and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: How Do I Feel About HIV Disclosure?

Time

- 20 minutes

Activity Materials

- Worksheet: F-T-D Grid

Counselor Note

The client shares positive and negative experiences of disclosing his or her HIV status to a sexual partner and shares comfort levels and thoughts about HIV disclosure.

Deciding Whether to Disclose HIV Status

- ▶ Part of living with HIV is deciding whether to let other people know you are HIV positive.
- ▶ I'd like to begin by asking you to share with me a personal experience of sharing your HIV status with a sexual partner or potential sexual partner. It can be an experience that you feel went really well or one that was really rocky. If you have never disclosed your HIV status to a sexual partner before, then I would like you to imagine what it would be like to share your status with a specific person.

Listen to the disclosure story and clarify confusing or incomplete details as necessary.

- ▶ That was a powerful story. Thank you very much for sharing that with me.

Distribute the F-T-D Grid worksheet. Get information from the client to complete the grid. Alter the activity as appropriate for the client who has never disclosed and is imagining the experience.

Use the Feeling Thermometer to assess the client's comfort level before, during, and after the disclosure.

- ▶ How did you feel (Feeling Thermometer reading) before, during, and after the disclosure?

F-T-D Grid



- ▶ **What were your thoughts before, during, and after the disclosure?**
- ▶ **What did you do during the disclosure? What did you do after it was over?**

If the client's Feeling Thermometer reading was high before the disclosure, engage in a brief discussion about what made him or her follow through with the disclosure. Commend the client for overcoming his or her fears.

Comment on the positive aspects of the story and try to show the link between feelings, thoughts, and actions.

Engage in a discussion about what he or she learned from the experience.

- ▶ **Using this grid, I would like to explore how disclosure may be easier for you with other sexual partners.**

Use answers to the following questions to continue completing the F-T-D grid.

Use the Feeling Thermometer to assess the client's comfort level with future disclosures.



- ▶ **When you think about disclosing to future sexual partners, where are you on the Feeling Thermometer?**
- ▶ **What thoughts go through you mind.**
- ▶ **When thinking about disclosing to a casual, anonymous, or new sexual partner, are you more likely to share your status with one type of sexual partner over another?**
- ▶ **How do you think substance use would impact your disclosure decisions?**

Engage the client in a discussion.

- ▶ **In what situations do you have a high Feeling Thermometer reading? In what situations do you have a lower reading?**
- ▶ **Is there a relationship between when you have unhelpful thoughts and your Feeling Thermometer reading? What's the relationship between your Feeling Thermometer reading and CLEAR Thoughts?**

Engage in a discussion to make explicit the link between feelings, thoughts, and actions.

Deciding Whether to Disclose HIV Status

- continued

- ▶ **You shared some of the thoughts you have or may have before, during, and after disclosure. How can you turn your unhelpful thoughts into CLEAR Thoughts?**

Coach the client in reframing unhelpful thoughts.

- ▶ **What could you do to lower your Feeling Thermometer before, during, and after the disclosure?**
- ▶ **Where do you think your ideal Feeling Thermometer reading would be to make the best disclosure possible?**

Engage the client in a discussion.

- ▶ **Thank you for sharing an intimate part of your life and self. I appreciate your honesty.**

This page intentionally left blank.

Activity 3: The Pros and Cons of Sharing My Status

Time

- 10 minutes

Activity Materials

- Blank Notebook Paper
- Handout: HIV Disclosure Laws (To be prepared in advance)
- Worksheet: Pros and Cons of Disclosure

Counselor Note

In this activity, the client brainstorms the pros and cons of disclosing his or her HIV status to current and potential sexual partners.

Sharing Your HIV Status

- ▶ **Deciding if, when, and how to share your HIV status with someone you have had sex with or a new sexual partner is a sensitive issue. Sometimes HIV disclosures can be difficult and stressful. At other times they can be easy and satisfying.**
- ▶ **Your decision and approach to disclosure may be different depending on who is involved. For example, your primary partner versus a casual partner, or someone you have a history with versus a new partner. By understanding your thoughts and Feeling Thermometer reading about disclosure, you will be better able to act on a decision that you are comfortable with.**



Distribute the Pros and Cons of Disclosure worksheet.

- ▶ **To start, let's talk about the pros (the advantages) and the cons (the disadvantages) of sharing your HIV status with your sexual partner.**
- ▶ **Let's start with the pros. What are the advantages of sharing your HIV status? I will write them down in your workbook so we can keep track of them.**

On the worksheet, list the pros of disclosing that are suggested. Here are possible advantages for disclosure.

Possible Pros for Telling:

- Can make negotiating condoms or safer sex acts easier.
 - Feels good to be honest.
 - Reduces loneliness, stress, denial, and isolation.
 - Allows other people to be supportive.
 - Don't have to carry the burden alone.
 - May make for a closer relationship with the other person.
 - The person being told could learn from others in a shocking and hurtful way, instead of being told by you.
 - Don't have to be on guard as much.
- ▶ **Now let's list the cons of telling. What are some disadvantages of sharing your HIV status with a partner?**

On the worksheet, list the cons of disclosing that are suggested by the client. Here are possible disadvantages for disclosure.

Possible Cons for Telling:

- Your partner might not want to have sex with you.
 - He or she might tell other people.
 - Your partner might make assumptions about you, like you've been sleeping around or that you use drugs.
 - Your partner might blame you if he or she is HIV positive.
 - It might lead to a frightening discussion of getting sicker.
- ▶ **These are good lists of advantages and disadvantages. They show that there is a lot you are thinking about in weighing your decision to share your HIV status.**
- ▶ **Weighing possible advantages and disadvantages is an important skill that can help in creating a good disclosure experience. Understanding the disadvantages and preparing to handle them in advance will help you manage your expectations and your responses.**

Sharing Your HIV Status - *continued*

- ▶ **Before we continue on to our next activity, there are important legal issues related to disclosure that we should talk about.**

Legal Issues Related to Disclosure

Counselor Note

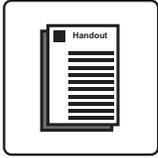
The purpose of this section is to provide important information that people living with HIV need to know. Presenting this information in a matter-of-fact manner with no editorial comment may advance the discussion. Some clients may have a strong negative reaction to mention of these laws. They may perceive them as stigmatizing or unfair. If this occurs, the counselor should empathize with any feelings expressed and then refocus the energy of the client on the next activity. Prior to the start of the session, the counselor should investigate local and state laws regarding disclosure of HIV status to sexual and/or needle-sharing partners. Use this information to prepare the optional handout on HIV disclosure law.

Discuss legal issues related to disclosure.

- ▶ **There is another thing to consider when you are thinking about whether or not to disclose your HIV status to your sex partners.**
- ▶ **Some states, about half, have laws that make not telling your partner a crime under certain conditions. These are often called “willful exposure” laws, which mean you have knowingly exposed someone to HIV without telling the person.**

Say whether or not your state has a “willful exposure” law. If there is such a law in your area, describe its basic provisions.

- ▶ **Another thing to think about is the possibility that a sex partner may bring a civil lawsuit against you if you did not let that person know that you are HIV-positive.**
- ▶ **Such laws are seldom applied, and nondisclosure lawsuits are seldom filed, but they are nonetheless something to keep in mind.**



- ▶ **Such laws are seldom applied, and nondisclosure lawsuits are rarely filed, but they are nonetheless something to keep in mind.**

Distribute optional handout on HIV Disclosure Laws.

Activity 4: How Do I Tell a Partner I Am HIV-Positive?

Time

- 20 minutes

Activity Materials

- Handout: Tips for Telling Your Partner
- Worksheet: F-T-D Grid

Counselor Note

The client who wants to know how to share his or her HIV status with casual and/or steady sex partners is given a disclosure framework and a chance to practice it.

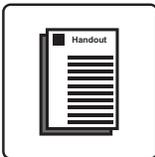
Skills Needed for Disclosing

- ▶ **Some people may put off telling a partner because they dread going through the experience.**
 - They want to say something, but are afraid of doing it.
 - They don't believe they have the skills to do it.
 - They worry that they are not going to say the right things.
 - They worry that the partner will react badly or reject them.
- ▶ **In this activity, you can start to develop the skills you will need for disclosing to a partner.**

Disclosure Guidelines

Give the client a copy of the Tips for Telling Your Partner handout.

- ▶ **Here is a sheet that gives some suggestions on sharing your HIV status with partners. Let's review it together and then see how you can apply it to your life.**



Review the handout with the client. Answer any questions the client has.

- ▶ **Using these suggestions, let’s talk about strategies you think will help you in disclosing your status with your sexual partners. I would like for you to think of a person you think is important to share your status with.**
- ▶ **You don’t have to tell me his or her name; you can just say “new partner” or “boyfriend.”**

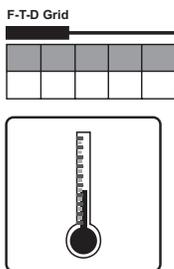
Probe for a specific person.

- ▶ **Before we begin, let’s see where you are with your feelings and thoughts.**

Distribute the F-T-D Grid worksheet and complete it with information shared by the client.

Use the Feeling Thermometer to assess the client’s level of comfort with disclosing to the specific person who has been identified.

- ▶ **When you think about disclosing to this person, where are you on the Feeling Thermometer?**
- ▶ **What thoughts come to mind?**



Sample Completed F-T-D Grid

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action
Telling my boyfriend my status	95	Shaky legs	He’s going to leave me. He’s going to be mad at me. He’s not going to trust me anymore.	Not tell

Make explicit the relationship between a high Feeling Thermometer reading and the client’s decision not to disclose. The client’s disclosure experience will be more effective if he or she can lower his or her level of discomfort.

- ▶ **To have a good disclosure, where do you think your ideal Feeling Thermometer reading should be?**
- ▶ **What do you think you could do to lower your discomfort level?**

Disclosure Guidelines - *continued*

- ▶ **Keeping your Ideal Self in mind, how can you turn your unhelpful thoughts into CLEAR Thoughts?**
- ▶ **One way to reduce your discomfort level is to be prepared. The suggestions on this worksheet are designed to help you think through your decision to disclose and how to do it.**
- ▶ **Let's answer the questions in the handout in tips 1 and 2, keeping in mind the person you have chosen to share your status with.**

Engage in a discussion using the questions in the guidelines. Pay attention to any real or perceived barriers the client may bring up and brainstorm possible solutions.

- **Will she or he keep the news to themselves?**
- **Will you get beat up or worse?**
- **Why do you want the person to know?**
- **Are you prepared for all the possible responses she or he could have?**
- **Are you prepared to have him/her reject you or feel closer to you?**
- **Are you prepared for all the emotions this talk might bring up?**
- **Where and when do you want to tell him or her?**
- **What message you would like to get across?**
- **If the discussion goes well, what will the next step be?**
- **How will you exit gracefully if it doesn't go well?**



Scripted Role-Play

Set up the scenario for a role-play by helping the client determine where, when, and how he or she would like to disclose to his or her partner.

- ▶ **Great. Now that we've given this disclosure some thought, let's practice. I'll pretend to be the person you're disclosing to. Let's try out some different responses your partner may have.**

Perform a role-play of the disclosure by trying out different responses. You may also try reversing roles to model positive reframing and managing a graceful exit from a negative disclosure.

- ▶ **How was this experience for you?**
- ▶ **What worked well for you? What did you find difficult?**

Comment on what the client did well. State what the client could have done differently.

Use the following questions to engage the client in a discussion.

- ▶ **What do you think the differences are between disclosing to a new or casual partner and a steady partner? How would you prepare differently for different types of partners?**
- ▶ **As a person living with HIV, what do you think your responsibility to disclose to partners is?**
- ▶ **Great work.**

Activity 5: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today you shared a personal experience of when you disclosed your HIV status to a sexual partner, and explored your feelings and thoughts about disclosing to other sexual partners. We then used the problem-solving skill of assessing the advantages and disadvantages of disclosing. Finally, we reviewed some disclosure guidelines and practiced disclosing your HIV status through a role-play.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to sexual risk.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Practice using the problem-solving skill of weighing advantages/disadvantages for a life issue.**
 - **Talk about the advantages/disadvantages of disclosing with a close friend.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.



Suggestions for Weekly Goals - *continued*

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Sexual Risk Session 6

Handouts

- HIV Disclosure Laws (to be prepared in advance)
- Pros and Cons of Disclosure
- Tips for Telling Your Partner You're HIV Positive

Worksheets

- F-T-D Grid

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ HIV Disclosure Laws

(To be prepared in advance)

This Page Intentionally Left Blank.

■ Pros and Cons of Disclosure

Pros	Cons

This Page Intentionally Left Blank.

■ Tips for Telling Your Partner You Are HIV Positive

Before You Tell

Here are some things to think about before telling someone you have HIV:

- Will they keep the news to themselves? Don't tell if you think they'll tell others without your permission.
- Will you get beat up or worse? Don't put yourself in any danger.

When To Tell Someone You Have HIV

Knowing when to tell can be hard. Here are some things to think about:

- Why do you want the person to know?
- Are you prepared for all the possible responses they could have?
- Are you prepared to have the person reject you?
- Are you prepared to have the person feel much closer to you?
- Are you prepared for all the emotions this talk might bring up?
- Be prepared to give the person a lot of support. This might seem strange since you're the one with HIV. You've known for a while, though. They're just finding out.

How To Tell Someone You Have HIV

- When you tell someone you have HIV, they'll usually take their cues from you. If you're calm about dealing with HIV, they will be calm. If you're not ashamed of having HIV, they won't think it's anything to be ashamed of. It's important to "be in the right space" beforehand. You have a lot of control over the outcome.
- Decide where and when you want to tell your partner. Take your time with sharing the information. Find a private spot that will put you at ease and at the same time is non-threatening to him or her. Make sure the time is right for you. If you don't feel well, try to reschedule. A time and place that is not linked to sexual activity is best. Make sure the time is right. Don't rush into it and don't rush through it.
- Decide how you want to share your status. If you are going to tell your partner in person, let him or her know beforehand that you have something very important to discuss. Writing a letter or talking on the phone can be an effective alternative. Try to follow up with a phone call or a visit to find out how he or she is reacting. If you write and don't follow up, he or she may feel cut off. Give the person a chance to respond.

- Practice in advance. Decide what you want to say and the messages you want your partner to hear. Rehearse with a friend what you will say.
- Be honest and direct. Beating around the bush doesn't make it easier.
- Ask how the other person is feeling. Knowing what emotions you are dealing with can help you cope.
- End with a discussion of the next step. This helps move the conversation along and give you a graceful exit if necessary.

You are not responsible for how they respond. No matter how they react, they'll probably need time to think.

■ F-T-D Grid

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions
Substance Use Risk 1:
Setting A Foundation For Change

This page intentionally left blank.

CLEAR: Substance Use Risk 1

Setting A Foundation For Change

(75 Minutes)

Session Aims:

- To review the client's substance use prevention goal.
- To assess the pros and cons of the client's substance use.
- To identify the client's level of discomfort associated with substance use
- To identify ways to change substance use patterns.
- To learn a tool used to monitor substance use.

Note: *This is a required session for a client who has set a substance use goal in his or her individual prevention plan. The tools for changing substance use behaviors that are employed throughout CLEAR are introduced.*

The CLEAR sessions related to substance use are not intended to replace formal drug treatment. They can motivate clients to seek treatment or enhance the drug treatment goal of achieving sustained abstinence.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

What Are the Pros and Cons of My Substance Use?

(20 minutes)

- The client identifies the pros and cons of his or her substance use. This awareness supports the client's motivation to change substance use behaviors.

How Comfortable Am I with the Cons of My Substance Use?

(10 minutes)

- This purpose of this activity is to use the Feeling Thermometer to rank order the cons associated with the substance(s) the client uses. The client is also asked to identify ways that he or she can change substance use patterns.

Keeping Track of Progress (20 minutes)

- The purpose of this activity is to introduce the Substance Use Weekly Schedule. This tool is used to track the process of change, and will be used throughout the remainder of the CLEAR program.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials for Substance Use Risk Session 1

Handouts

- Drug Treatment Centers (To be completed in advance)*
- Substance Use Weekly Schedule (Completed sample)

Worksheets

- Substance Use Weekly Schedule (Blank)
- What Are the Pros and Cons of My Substance Use?

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

****Note:** A list of local treatment centers can be found by going to the Substance Abuse and Mental Health Service Administration website (www.samhsa.gov).*

Activity 1: Check-in

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Introduction to Today's Session

Introduce today's session.

- ▶ **I see you've been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today's session topic.**
- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer and body reactions, thoughts and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**
- ▶ **Today, we are going to explore what substance use means to you and what role it plays in your life. I will also introduce the tool we'll be using in this program to monitor your progress with your substance use prevention goal.**
- ▶ **I want to make it clear that this program is not a substance use treatment program. The work we do together is about learning skills that can help you make positive changes in your life. These skills can enhance the treatment program you may already be in, or can help you assess whether or not a treatment program is right for you. CLEAR's goal is to help you achieve abstinence from all harmful substances.**
- ▶ **I want to remind you about two of the ground rules we came up with when we started the CLEAR program. Accept others as they are. What is said here stays here.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: What Are the Pros and Cons of My Substance Use?

Time

- 20 minutes

Activity Materials

- Worksheet: What Are the Pros and Cons of My Substance Use?

Counselor Note

This activity is focused on evaluating the pros and cons of the client's substance use. The Feeling Thermometer is used to rank order the pros and cons.

Pros and Cons of Substance Use

- ▶ **Everyone who participates in CLEAR is at a different place with their drug and alcohol use. Each person has a different idea about what they would like to change and where they would like to start.**
- ▶ **In your prevention plan you said that you would like to stop using or change the way you use <name of substance that client has indicated>. I'd like to better understand what role this substance plays in your life and what you like or dislike about this substance.**
- ▶ **To help us keep track of our discussion, we'll use this sheet.**

Distribute the What Are the Pros and Cons of My Substance Use? worksheet and work with the client to complete it. Focus on the substance use issue the client identified in his or her prevention plan (e.g., alcohol, ecstasy, etc.)



Sample of Completed Sheet:

■ What Are the Pros and Cons of My Substance Use?

Substance: Ecstasy

How often do I use? 3 nights a week

Each time I use, How much do I use? 2 doses a night

How do I use it? Swallow pills, and usually smoke marijuana when coming down

Who do I use with? Friends and people I meet at clubs

Where do I usually use? Clubs, bars, parties

Pros What I like about this substance.	Cons My concerns and dislikes about this substance.	Feeling Thermometer Reading
<p>I am more expressive with my feelings than when I'm sober.</p> <p>I feel great and bonded with my friends.</p> <p>I don't have inhibitions when it comes to having sex with someone new.</p>	<p>Interaction with my medications.</p> <p>Forget to take my medications.</p> <p>Sometimes have unsafe sex.</p> <p>My life seems out of control after using.</p>	

- ▶ **Let's talk about the pros and cons of the substance use you mentioned in your prevention plan. Please give personal answers to the questions.**
- ▶ **Let's start with the pros or advantages of using this substance. What do you like about it?**

The pros of using a substance can indicate the client's reasons for using each substance. Probe by asking questions such as:

- Does this substance enhance certain personal characteristics that might otherwise be hard to express?
- What does this substance help you achieve?
- Is this substance a means to an end? For example, is <name of substance client indicated> used to achieve a certain physical sensation, or used to access a certain group of friends, or used to help overcome fears associated with sex?

Pros and Cons of Substance Use - *continued*

- ▶ **Now let's talk about the cons or disadvantages of using this substance.**
- ▶ **What concerns do you have about your current substance use? What do you see as problematic with the way you use these substances?**

Link the cons identified by client with the client's prevention goal (i.e., how are the cons consistent with the client's substance use prevention plan).

- ▶ **How do you think the cons of using this substance support your substance use prevention goal?**
- ▶ **How did the cons influence you to choose the substance use prevention goal you selected?**
- ▶ **How do you think this substance affects the risk of passing on HIV or getting or getting an STI?**

This page intentionally left blank.

Activity 3: How Comfortable Am I with the Cons of My Substance Use?

Time

- 10 minutes

Activity Materials

- (From Activity 2) Worksheet: What Are the Pros and Cons of My Substance Use?

Counselor Note

The Feeling Thermometer is used to rank order the cons associated with the identified substance(s). Awareness of discomfort associated with each of the cons may serve as motivation for change and support the client's substance use prevention goal. The client is asked to identify ways that he or she can change substance use patterns in order to lower the discomfort associated with substance use behavior.



Use the Feeling Thermometer to assess the client's level of comfort with the cons of his or her substance use.

- ▶ **When you think of each con of the substance that you use, where are you on the Feeling Thermometer?**

List the Feeling Thermometer reading next to each con.

Listen and probe without being judgmental. Do not try to lead the client to a preconceived idea. When discussing the client's concerns, probe for what the client sees as the problems drugs or alcohol create in his or her life.

Choose the cons that make the client moderately uncomfortable (40-60 on the Feeling Thermometer) and ask what the client could change in his or her substance usage to lower his or her discomfort.

- ▶ **How could you change your usage to lower your Feeling Thermometer reading?**



The Feeling Thermometer gives the client a concrete tool for identifying usage behaviors that cause discomfort. A lower reading is likely to be more consistent with behaviors that the client is comfortable with. For example, “When I get high everyday I’m at a 100 on the Feeling Thermometer. I want to cut down and only get high on the weekends. I would have a reading on the Feeling Thermometer of 40 if I could do that.”

Apply this activity to 2-3 cons, asking the client to identify ways to change substance use behavior to lower the discomfort. One of the potential changes in use suggested by the client may serve as the weekly short-term goal for the session.

Use the Feeling Thermometer to assess the client’s comfort level with the discussion.

- ▶ **Thanks for your honesty. How comfortable were you talking about your drug and alcohol use? Where are you on the Feeling Thermometer when you think about this discussion?**

Encourage the client to share what they felt uncomfortable about discussing.

Activity 4: Keeping Track of My Progress

Time

- 20 minutes

Activity Materials

- Handout: Completed Substance Use Weekly Schedule (example)
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purpose of this activity is to introduce a tool that will track the client's progress related to his or her long-term substance use prevention goal and reveal drug and alcohol use patterns. This tool will be used throughout the CLEAR program.

Keeping Track of Your Progress

- ▶ **We are going to be using a tool to keep track of your progress: a Substance Use Weekly Schedule. This tool will be used throughout the remainder of the CLEAR program.**
- ▶ **Let me go through this weekly schedule with you and explain how it is used.**

Substance Use Weekly Schedule

Give the client a copy of the Completed Substance Use Weekly Schedule (example) handout.

- ▶ **The Substance Use Weekly Schedule is a tool we will use for the remainder of our sessions together. It will help you recognize the patterns of substance use in your life and the opportunities you have to change them.**
- ▶ **Here is what a completed Substance Use Weekly Schedule looks like. Each week has a top and a bottom box. The top box is intended for recording your activities and appointments for the week. The goal is to make an effort to schedule in activities during your down time or times when you usually use. Setting up a weekly schedule will give you**

greater control over your daily life, and gives drugs and alcohol less of a chance of controlling you.

- ▶ **The bottom box is used to record the days you did not use drugs or alcohol. On the weekly schedule you can make a big “X” on every day that you did not use drugs or alcohol. If you can’t “X” out a day, then you write down each substance you used, how much you used on that date, where you were when you used, and who you were with when you used. Keeping a visual record of accomplishments really helps to keep a person going in the right direction.**
- ▶ **You can see that the person who filled out this weekly schedule was clean on Tuesday, Wednesday, Thursday, and Sunday. But on Monday he or she drank vodka and beer, and on Friday and Saturday took ecstasy and smoked marijuana.**
- ▶ **What do you notice about the person’s pattern of use?**

Point out that the person seems to use when he or she is alone or with Mike. He or she also tends to use when at home or at a club. This discussion is the first step in supporting the client in identifying his or her substance use triggers which will be further discussed in upcoming sessions.

- ▶ **Once you understand your pattern for using, then you can develop a plan for stopping. We’ll be talking about some possible plans for stopping or changing substance use in a later session.**
- ▶ **Do you have any questions?**

Answer the client’s questions.

- ▶ **Let’s fill out the weekly schedule for last week and then fill in your schedule for this week.**

Give the client two copies of blank Substance Use Weekly Schedule handouts.



- ▶ **First, think about last week. For each day you did not use drugs or alcohol last week, mark an X. For the days you did use, write down what you used, how much, where you were, and who you were with when you used.**

Help the client fill out the worksheet for the previous week.

Substance Use Weekly Schedule - *continued*

- ▶ **Now you have a visual record of the past week's activities.**

Help the client fill out the worksheet for the coming week.

- ▶ **Let's schedule in your plans for this coming week. As you are scheduling your plans, keep in mind how your weekly activities affect your substance use. Also, keep your Ideal Self in mind as you plan out your week. Of course, you can add or change times as the week progresses.**

Help the client fill out the worksheet for the coming week.

- ▶ **At the beginning of the next session we will check out what happened.**
- ▶ **Please remember that I will be checking in with you about your substance use weekly schedule every week from here on. It would be great if you could complete the schedule on a weekly basis and bring it in to our sessions.**

If the client arrives without the completed weekly schedule in upcoming sessions, problem solve his or her barriers to completing and bringing in the schedule. In addition, verbally discuss client's substance use weekly schedule.

This page intentionally left blank.

Activity 5: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

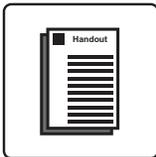
Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **We are at the end of our session. Before we set our weekly goal, I want to do two things.**
- ▶ **First, I want to give you this list of drug treatment centers in the area. If you're not ready or don't feel like you need treatment, you should keep this in case you ever need it in the future.**

Distribute the Drug Treatment Centers handout.

- ▶ **Second, I want to review what we learned and share some observations that I noticed about you during the session.**



- ▶ **Today we reviewed your substance use goal, the pros and cons of your substance use, and how you would like to change your behaviors around a particular drug or alcohol. Finally, I introduced a tool that we will be using throughout your time in this program, the substance use weekly schedule. This tool will help you track the progress you are making and will reveal patterns in your life.**

Praise the client for something positive he or she did during the session. For example, “I really liked that you engaged in every activity we did today.”

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client’s prevention goal related to substance use risks.

The client’s Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client’s accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today’s session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today’s session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Complete the substance use weekly schedule.**
 - **Set a short-term goal related to reducing the discomfort associated with cons of my substance use.**



Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Substance Use Risk Session 1

Handouts

- Drug Treatment Centers (To be completed in advance)*
- Substance Use Weekly Schedule (Completed sample)

Worksheets

- What Are the Pros and Cons of My Substance Use?

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

****Note:** A list of local treatment centers can be found by going to the Substance Abuse and Mental Health Service Administration website (www.samhsa.gov).*

This Page Intentionally Left Blank.

■ Drug Treatment Centers

(To be developed locally)

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule (Example)

- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<ul style="list-style-type: none"> • 10:00 Go to work • 7:00 Dinner • 8:30 Meet Chris 	<ul style="list-style-type: none"> • 1:00 Housing application due • 3:30 CLEAR • 5:00 Meet mom for dinner • 9:30 Go to bed early 	<ul style="list-style-type: none"> • 10:00 Go to work • 6:30 Work out • 8:00 Dinner 	<ul style="list-style-type: none"> • 9:30 Dr. Geene • 10:30 Pick up medications • 11:30 Food bank • 1:00 Work out 	<ul style="list-style-type: none"> • 10:00 Go to work • 6:30 Work out • 11:00 M's party 		
<p>Vodka - 3 shots At home Alone</p>	X	X	<p>Beer - 2 cans At home Alone</p>	<p>Ecstasy - 2 pills at home with Mike Pot - 5 hits at home with Mike</p>	<p>Ecstasy - 1 pill at the club with Mike Pot - 5 hits at the club with Mike</p>	X

This Page Intentionally Left Blank.

■ What Are the Pros and Cons of My Substance Use?

Substance: _____

How often do I use? _____

Each time I use, How much do I use? _____

How do I use it? _____

Who do I use with? _____

Where do I usually use? _____

Pros What I like about this substance.	Cons My concerns and dislikes about this substance.	Feeling Thermometer Reading

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

Substance Use Risk 2:

What Are My External Drug and Alcohol Triggers?

This page intentionally left blank.

CLEAR: Substance Use Risk 2

What Are My External Drug and Alcohol Triggers?

(70 Minutes)

Session Aims:

- To present and ensure that the client understands the Trigger→Thought→Craving→Use model of substance use.
- To guide the client to identify his or her external triggers for substance use, and to become familiar with strategies to cope with these.
- To help the client monitor his or her progress in achieving his or her substance use goals.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

What Keeps My Drug and Alcohol Use Going? (10 minutes)

- The Trigger→Thought→Craving→Use model of habitual substance use is presented and illustrated.

What Are My External Triggers for Drug and Alcohol Use? (15 minutes)

- The client takes a trigger questionnaire to identify his or her personal external triggers for substance use.

How Can I Handle My External Triggers? (20 minutes)

- The client applies SMART Problem-Solving to identified triggers. Avoidance, removal, and neutralizing are introduced as actions during the brainstorming step of SMART Problem-Solving.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials for Substance Use Risk Session 2

Handouts

- My External Triggers
- SMART Problem-Solving Guidelines

Worksheets

- Applying SMART Problem-Solving

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-in

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer and body reactions, thoughts and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**

Introduction to Today's Session - *continued*

- ▶ **As you know, your individual prevention plan guides how we spend each of our sessions together.**
- ▶ **In your prevention plan, one of the challenging areas that you said you would like to work on is related to your substance use.**
- ▶ **Today we are going to talk about triggers. Triggers are people, places, situations, things, or emotions that lead you to having thoughts about drugs or alcohol.**
- ▶ **Specifically, we'll be exploring what your external triggers are. We will then come up with some strategies for handling your external triggers so you can better control your drug and alcohol use.**
- ▶ **I want to make it clear that this program is not a substance use treatment program. The work we do together is about learning skills that can help you make positive changes in your life. These skills can enhance the treatment program you may already be in, or can help you assess whether or not a treatment program is right for you. While CLEAR's goal is to help you achieve abstinence from all harmful substances, we recognize that everyone who comes to us is in a different place with their substance use. We want to start wherever you are.**
- ▶ **I want to remind you about two of the ground rules we came up with when we started the CLEAR program: accept others as they are and what is said here stays here. I am not here to tell you if what you are doing is right or wrong. I am more concerned about where you want to go and how I can help you get there.**
- ▶ **Being honest with yourself and me may be the best ways to achieve this goal.**
- ▶ **Today, we are going to explore what substance use means to you and what role it plays in your life. I will also introduce the tool we'll be using in this program to monitor your progress with your substance use prevention goal.**

- ▶ **I want to make it clear that this program is not a substance use treatment program. The work we do together is about learning skills that can help you make positive changes in your life. These skills can enhance the treatment program you may already be in, or can help you assess whether or not a treatment program is right for you. CLEAR's goal is to help you achieve abstinence from all harmful substances.**
- ▶ **I want to remind you about two of the ground rules we came up with when we started the CLEAR program. Accept others as they are. What is said here stays here.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

Activity 2: What Keeps Drug and Alcohol Use Going?

Time

- 10 minutes

Activity Materials

- Blank Notebook Paper

Counselor Note

The Trigger→Thought→Craving→Use model of habitual substance use is presented and illustrated. This activity illustrates a relationship between Think and Do.

What Makes Us Want To Use?

- ▶ **What is it that keeps drug and alcohol habits going? What makes us want to use?**
- ▶ **If we know the answers to these questions, it will be easier for us to make changes in our drug and alcohol habits.**

Write the following sequence on a piece of paper: Triggers→Thoughts→Craving→Use.

- ▶ **Substance use starts with a trigger.**
- ▶ **Triggers lead to thoughts about drugs or alcohol, which lead to a craving (a strong urge) for drugs or alcohol. A craving is satisfied by using drugs or alcohol.**
- ▶ **Triggers are people, places, situations, things, or emotions that lead you to having thoughts about drugs or alcohol.**
- ▶ **They set off or trigger drug or alcohol thoughts, which is why they are called “triggers.”**
- ▶ **Triggers can be inside you or outside of you.**
- ▶ **People, places, situations, and things (objects) are called “external” triggers because they are outside of you.**

- ▶ Emotions are “internal” triggers because they are inside of you. Examples of emotions are: feeling angry, happy, anxious, or depressed.

As you describe the two types of triggers, list them in two columns on a piece of paper: “External” (people, places, situations, objects) and “Internal” (emotions).

- ▶ Today we will be focusing on external triggers.

External Triggers

- ▶ People are one kind of external trigger.
- ▶ A person can be a trigger in two ways. What a person says to you can be a trigger, or just seeing the person can be a trigger, setting off a series of thoughts.
- ▶ What would be an example of something a person might say to you that would cause you to start thinking about drugs or alcohol?
- ▶ What about when just seeing somebody is a trigger? Can you think of an example of that?

Encourage the client to give examples. Look for things such as social pressure (“Let’s go out tonight and get high.”) or story-telling (“There was this great party last night and everybody was high.”).

Drug and Alcohol Thoughts

- ▶ Thoughts are the words we say to ourselves.
- ▶ Thoughts can be very powerful. For example, thoughts about drugs and alcohol can lead to cravings for drugs or alcohol.
- ▶ What are some thoughts that go through your mind that lead you to crave drugs or alcohol?

Encourage examples. If the client is having difficulty, suggest the following:

- “I can’t have the kind of sex I want sober.”
- “I want to make the sex better.”
- “I just want to take the edge off.”
- “It’s easier to be intimate with others when I’m drunk.”

Drug and Alcohol Thoughts - *continued*

- “If I don’t use, I won’t have any friends.”
- “I can handle it, so it’s OK to do it.”
- “I’ll just have a little.”

These are good examples of the things we tell ourselves.

Cravings

- ▶ **Now let’s talk about cravings.**
- ▶ **As we have said, thoughts can lead to cravings.**
- ▶ **A craving is a very strong urge to do something.**
- ▶ **Have you recently experienced a craving for a certain drug or alcohol? Can you describe for me what that was like?**

Encourage the client to give examples.

- ▶ **When we have a craving for drugs or alcohol, just about the only way to make it go away is to use drugs or drink alcohol.**
- ▶ **In other words, once you have a craving, it’s very hard to control it.**
- ▶ **What we can do is to keep the craving from happening.**
- ▶ **Remember that triggers lead to thoughts, which in turn can lead to cravings.**
- ▶ **What we want to do is to keep the triggers from going off and to stop the thoughts before they become cravings.**

This page intentionally left blank.

Activity 3: What Are My External Triggers for Drug and Alcohol Use?

Time

- 15 minutes

Activity Materials

- Worksheet: External Triggers Questionnaire

Counselor Note

The client takes a trigger questionnaire to identify his or her personal external triggers.

External Triggers

- ▶ **External triggers are people, places, situations, and things that cause you to have drug or alcohol thoughts that can lead to use.**
- ▶ **An external trigger is anything outside of yourself that stimulates a drug or alcohol thought.**

External Triggers Questionnaire

- ▶ **The first step in helping you achieve your substance use prevention goal is to get to know your own external triggers.**
- ▶ **I have a questionnaire here that will help you do that.**

Give the client a copy of the My External Triggers worksheet.

- ▶ **First, you mark an “X” in front of all of the situations and places where you use drugs or alcohol frequently. Then mark a “0” in front of the ones where you never use drugs or alcohol.**
- ▶ **Next, add any situations that are relevant to you and are not listed.**
- ▶ **Then, list the people you know who act as triggers for you.**





- ▶ **Keep in mind your Substance Use Weekly Schedule, as it may be helpful in reminding you of some of your potential triggers. For example, in the sample Substance Use Weekly Schedule that we reviewed last time, “Mike” was an example of a possible external trigger.**

Give the client time to complete the questionnaire.

- ▶ **Let’s take a look at your external triggers.**

Briefly talk about the listed triggers. Note how many of the triggers mentioned are people, how many places, how many public events, how many involve sex, etc.

- ▶ **Which of these situations, places, or people are most likely to lead to drug and alcohol use for you?**

For each of the triggers mentioned follow up with the question below:

Use the Feeling Thermometer to assess the client’s comfort level with situations, places, or people.

- ▶ **When you think of these situations, places, or people, where are you on the Feeling Thermometer?**

Write the Feeling Thermometer reading next to each trigger.



Activity 4: How Can I Handle My External Triggers?

Time

- 20 minutes

Activity Materials

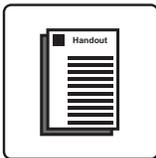
- Handout: SMART Problem-Solving
- Worksheet: Applying SMART Problem-Solving

Counselor Note

The purpose of this activity is to have the client apply SMART Problem-Solving to identified triggers. Avoidance, removal, and neutralizing are introduced as options during the brainstorming step of SMART Problem-Solving.

What Can You Do About External Triggers?

- ▶ **As we have already said, people, situations, things, and places can be triggers for drug and alcohol thoughts, and if these thoughts take hold they can lead to drug and alcohol use.**
- ▶ **Now that we know what your external triggers are, the question is, “What can we do about them?”**
- ▶ **Let’s select a trigger that causes you moderately discomfort, about 40 to 60 on the Feeling Thermometer, and apply SMART Problem-Solving as way of handling the trigger.**



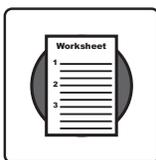
Distribute the SMART Problem-Solving Guidelines handout and review them with the client. Then offer the following three techniques as potential actions that the client may apply during the SMART Problem-Solving activity:

1. Avoidance
2. Removal
3. Neutralizing

- ▶ **Before we start applying SMART Problem-Solving to the trigger you selected, I'd like you to keep three new techniques in mind as possible actions you may choose when brainstorming ways of dealing with your trigger.**
 1. **Avoidance—staying away from the trigger entirely (not going there in the first place).**
 2. **Removal—taking yourself away from the trigger (leaving the scene).**
 3. **Neutralizing—changing some aspect of the trigger so it becomes neutralized and is no longer a threat. This could be convincing yourself that you really don't want to be around the person who is a trigger or risk your health by going to a place that is a trigger. It refers to taking the power away from that trigger, so it no longer tempts you to a behavior you don't want to do.**
- ▶ **All of these techniques can be effective, but not all of them can be applied to every type of external trigger.**
- ▶ **For example, you can avoid going to a party or a concert where you know there will be drugs or alcohol, but you can't very well avoid having dinner (if dinnertime is a trigger). We'll talk about neutralizing the triggers you can't or don't want to avoid in just a minute.**
- ▶ **Other triggers you can avoid but probably wouldn't want to, like having sex.**
- ▶ **In the same way, you can remove yourself from some triggers but not from others.**
- ▶ **Neutralizing the trigger is a technique that applies mostly to situations with other people, where what the people are saying to you and the interactions you have with them trigger drug and alcohol thoughts.**
- ▶ **When other people are the trigger, you can neutralize the situation by changing it so that it loses its power to cause drug and alcohol thoughts. You can do this by substituting and redirecting the content of what they are saying so that it no longer causes drug and alcohol thoughts.**

What Can You Do About External Triggers? - *continued*

- ▶ For example, if you have a friend who, at parties, always tries to rally a group to do drugs together, you might say to yourself: “I’m not one of his followers. I have my own ideas about how and with whom I want to spend my time at the party. If I don’t follow along, I might find others here who are interesting and that I connect with.”
- ▶ When you neutralize a situation by changing the message into something else, or when you remove yourself and get away from the trigger, you don’t give drug and alcohol thoughts a chance to take hold.
- ▶ We cannot always avoid the situations or people that trigger us. But we can lessen the chance of them leading us to use drugs and alcohol use.



Distribute the Applying SMART Problem-Solving worksheet and use it to problem solve the trigger identified by the client.

- ▶ Let’s now come up with a way to handle the external trigger you selected.
- ▶ Remember that you can apply SMART Problem-Solving to any other external triggers that you may have.

This page intentionally left blank.

Activity 5: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today we learned about your external triggers and the drug and alcohol thoughts they can trigger. We also practiced using SMART Problem-Solving as a way of coping with your external triggers. Finally, we discussed avoidance, removal, and neutralizing as techniques to deal with external triggers.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to adherence.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Carry out the goal identified during the SMART Problem-Solving activity.**
 - **Develop a detailed plan for avoiding, removing, or neutralizing the external trigger you encounter most frequently.**



Suggestions for Weekly Goals - *continued*

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Substance Use Risk Session 2

Handouts

- My External Triggers
- SMART Problem-Solving Guidelines

Worksheets

- Applying SMART Problem-Solving

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ My External Triggers

1. Mark and “**X**” in front of all the situations and places where you use drugs or alcohol frequently. Mark a “**0**” in front of those places and situations where you never use drugs or alcohol.

<input type="checkbox"/> At parties	<input type="checkbox"/> Before school	<input type="checkbox"/> When I get up
<input type="checkbox"/> At sporting events	<input type="checkbox"/> During school	<input type="checkbox"/> At lunch breaks
<input type="checkbox"/> At the movies	<input type="checkbox"/> After school	<input type="checkbox"/> At dinner time
<input type="checkbox"/> At bars or clubs	<input type="checkbox"/> Before work	<input type="checkbox"/> On payday
<input type="checkbox"/> At the beach	<input type="checkbox"/> During work	<input type="checkbox"/> When I am carrying money
<input type="checkbox"/> At concerts	<input type="checkbox"/> After work	<input type="checkbox"/> When I am watching TV
<input type="checkbox"/> In parks	<input type="checkbox"/> Before a date	<input type="checkbox"/> When I see a certain person
<input type="checkbox"/> In vacant buildings	<input type="checkbox"/> During a date	<input type="checkbox"/> When I talk to a certain person
<input type="checkbox"/> In parking lots	<input type="checkbox"/> After a date	<input type="checkbox"/> When I am in a certain neighborhood
<input type="checkbox"/> At home	<input type="checkbox"/> Before sex	<input type="checkbox"/> When I am with certain people
<input type="checkbox"/> When I am alone	<input type="checkbox"/> During sex	<input type="checkbox"/> When I hear a certain song
<input type="checkbox"/> When I am with a friend	<input type="checkbox"/> After sex	<input type="checkbox"/> On certain days of the year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. List other situations or places where you use drugs or alcohol:

3. List the people who are triggers for you:

This Page Intentionally Left Blank.

■ SMART Problem-Solving Guidelines

Step 1: S = State the problem

- Is the problem stated clearly? (Writing it down will help you define it clearly.)
- Is it complete?
- What's your read on the Feeling Thermometer when you think about the problem?

Step 2: M = Make a goal

- Exactly what do you want to accomplish? What do you want to change from the way it is now?
- Is the goal stated clearly?
- Is it specific, so you can for sure tell when you have achieved it? (Again, writing it down will help.)
- Are you sure this is the goal you want? Can you make a commitment to working on it?

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- Are these all of the actions you could reasonably take that would achieve your goal?
- Is each action stated clearly?
- Do the actions specify just one thing to do, as opposed to several things at the same time?
- Does each action describe something you will do, as opposed to how you will feel or think? (It's best to have at least three actions to choose from if possible.)

Step 4: R = Reach a decision about which actions you could take

- Have you picked the best course of action, the one with the most pros and the fewest cons?
- How will you get the skills that you need, if you don't have them already?
- How will you get the resources that you need, if you don't have them already?

Step 4: R = Reach a decision about which actions you could take - *continued*

- **Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)**
- **What is going to be your plan for taking the action? What are the specific steps?**
- **What things can get in the way of taking this action and being successful with it? Is there anything you know about for sure that will make it difficult? Is there anything that might go wrong?**
- **What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?**

Step 5: T = Try it and review it

- **Did the action work out as you expected?**
- **Were you successful in taking your action? Completely? Partly?**
- **Would you do anything differently if you were starting again?**
- **Did the action you took achieve the goal you wanted to accomplish? Completely? Partly?**
- **Do you need to make a new plan in order to be successful in taking this action?**
- **Do you need to find a new action that will move you forward toward achieving your goal?**

■ Applying SMART Problem-Solving

Step 1: S = State the problem

Step 2: M = Make a goal

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- ---
- ---
- ---
- ---
- ---

Step 4: R = Reach a decision about which actions you could take

- What's the best course of action, the one with the most pros and the fewest cons?
- Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)
- What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?

Step 5: T = Try it and review it

- Did the action work out as you expected?
- Were you successful in taking your action? Completely? Partly?
- Would you do anything differently if you were starting again?

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

Substance Use Risk 3:

What Are My Internal Drug and Alcohol Triggers?

This page intentionally left blank.

CLEAR: Substance Use Risk 3

What Are My Internal Drug and Alcohol Triggers?

(65 Minutes)

Session Aims:

- To guide the client in identifying his or her internal triggers for substance use and becoming familiar with strategies to reduce negative feelings that may act as triggers for drug and alcohol use.
- To understand that a slip back into substance use is part of the change process and to develop a plan to cope with a potential slip.
- To help the client monitor his or her progress in achieving his or her substance use goals.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

What are My Internal Triggers for Drug and Alcohol Use? (10 minutes)

- The client takes a trigger questionnaire to identify his or her personal internal triggers.

How Can I Handle My Internal Triggers and Unhelpful Thoughts? (15 minutes)

- The client applies CLEAR Thinking to replace thoughts about substance use and cope with internal triggers.

What if I Slip? (20 minutes)

- The purpose of this activity is to help the client prepare for a possible slip. The client learns that a slip is part of the change process, is an indicator that he or she was unprepared to handle an unexpected high-risk trigger, and the importance of not letting a slip lead to former pattern of use. The client applies SMART Problem-Solving to develop an action plan to prevent a possible slip.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials for Substance Use Risk Session 3

Handouts

- SMART Problem-Solving

Worksheets

- Applying SMART Problem-Solving
- CLEAR Thinking
- My Internal Triggers

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-in

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer and body reactions, thoughts and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**

Introduction to Today's Session - *continued*

- ▶ **As you know, your individual prevention plan guides how we spend each of our sessions together.**
- ▶ **In your prevention plan, one of the challenging areas that you said you would like to work on is related to your substance use.**

Review the client's substance use goal from the Prevention Plan.

- ▶ **Today we are going to talk about internal triggers. We'll be exploring what your internal triggers are; that is, those emotions that set off your drug and alcohol thoughts. Emotions are your "internal" triggers. We will then come up with some strategies for handling your internal triggers and thoughts about using. We will then talk about what it means to slip from your substance use goal, and how to cope with a potential slip so that your substance use goal is not negatively affected.**
- ▶ **I want to make it clear that this program is not a substance use treatment program. The work we do together is about learning skills that can help you make positive changes in your life. These skills can enhance the treatment program you may already be in, or can help you assess whether or not a treatment program is right for you. While CLEAR's goal is to help you achieve abstinence from all harmful substances, we recognize that everyone who comes to us is in a different place with their substance use. We want to start wherever you are.**
- ▶ **I want to remind you about two of the ground rules we came up with when we started the CLEAR program: accept others as they are and what is said here stays here. I am not here to tell you if what you are doing is right or wrong. I am more concerned about where you want to go and how I can help you get there.**
- ▶ **Being honest with yourself and me may be the best ways to achieve this goal.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: What Are My Internal Triggers for Drug and Alcohol Use?

Time

- 10 minutes

Activity Materials

- List of External Triggers from Substance Use Session 2
- Worksheet: My Internal Triggers

Counselor Note

The client takes a trigger questionnaire to identify his or her personal internal triggers for substance use.

Substance Use Triggers

- ▶ **Substance use starts with a trigger.**
- ▶ **Triggers are people, places, situations, things, or emotions that lead you to having thoughts about drugs or alcohol.**
- ▶ **They set off drug or alcohol thoughts, which is why they are called “triggers.” Thoughts lead to a craving (strong urge) for drugs or alcohol. A craving is satisfied by using drugs or alcohol.**
- ▶ **Triggers can be inside you or outside of you.**
- ▶ **People, places, situations, and things (objects) are called “external” triggers because they are outside of you.**
- ▶ **Emotions are “internal” triggers because they are inside of you. Examples of emotions are: feeling angry, euphoric, anxious, or depressed.**



Refer to the client’s list of external triggers identified on the My External Triggers worksheets used in Substance Use Risk Session 2.



- ▶ Last week we spent some time identifying your external triggers. Let's now find out what your internal triggers are.
- ▶ Remember, internal triggers refer to the emotions inside of you. Examples of emotions are: feeling angry, euphoric, anxious, or depressed.

Internal Triggers Questionnaire

- ▶ I have a questionnaire here that will help you identify your internal triggers.

Give the client a copy of the My Internal Triggers worksheet.

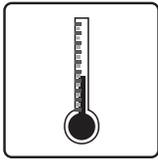
- ▶ In the first part, mark an "X" in front of all of the emotions that can trigger drug or alcohol thoughts or cravings for you.
- ▶ If something is missing that is a trigger for you, add it to the list.
- ▶ Next, note which of these emotions triggered drug or alcohol use for you in the last month.
- ▶ Then, note which emotions are most likely to trigger you to use drugs or alcohol.
- ▶ Finally, there is a question at the end of the worksheet that asks if there was a time when you were trying to stay away from drugs or alcohol, and an emotion triggered you to use again.
- ▶ Keep in mind your Substance Use Weekly Schedule as it may be helpful in reminding you of some of your potential triggers.
- ▶ Do you have any questions about how to fill it out?

Answer questions. Allow the client time to fill out the worksheet.

- ▶ Let's take look at what you've come up with.

Review and summarize what the client has written.

- ▶ Let's talk about the triggers that you experienced in the last month.



Internal Triggers Questionnaire - *continued*

Review each trigger, probing with the following question:

- When you think about <a particular trigger>, where are you on the Feeling Thermometer?
- ▶ **Now let's look at the internal triggers you put down in the next question.**

Use the Feeling Thermometer to rank order the triggers by degree of discomfort.

- ▶ **That was a very insightful conversation. Thank you for your honesty.**

This page intentionally left blank.

Activity 3: How Can I Handle My Internal Triggers and Substance Use Thoughts?

Time

- 15 minutes

Activity Materials

- Worksheet: CLEAR Thinking

Counselor Note

Clients apply CLEAR Thinking to replace drug and alcohol thoughts and to cope with internal triggers.

Internal Triggers and Substance Use Thoughts

- ▶ The internal triggers you listed can be accompanied by thoughts. For example, if you asked someone who is discouraged and unhappy to talk about their emotions, they will probably share with you a list of thoughts that are discouraging and depressing.
- ▶ Internal triggers and substance use thoughts can be both negative and positive. They are unique to each person.
- ▶ For example:
 - “I’m so depressed and lonely because my boyfriend broke up with me. I just want to shoot up and forget him.”
 - “I’m so excited about my new apartment! I want to go out, party, and get wasted!”
 - “Club X is hosting a two day rave and a bunch of friends are going. We’re going to get some ecstasy and party all weekend!”

- ▶ **If people can change their unhelpful thoughts into CLEAR Thoughts, then their response to their emotion will change too.**
- ▶ **For example:**
 - **“Break ups are painful, but now I know he’s not the one for me and can start dating again...so I won’t be lonely for long.”**
 - **“I am really excited about my apartment, but I need to keep my excitement under control. I can find another way to celebrate other than getting wasted.”**
 - **“Club X is hosting a two day rave and I know everyone will be doing ecstasy. I might not be able to control myself so I think I should try to schedule something else for that weekend. Maybe go out of town.”**

- ▶ **Let’s look at some of your internal triggers during the last month that you were moderately uncomfortable with.**
- ▶ **What were the substance use thoughts that you experienced as the result of these internal triggers?**



Distribute the **CLEAR** Thinking worksheet and write the substance use thoughts expressed by the client on it.

- ▶ **Let’s practice turning these unhelpful substance use thoughts into CLEAR Thoughts.**

Practice reframing, positive self-talk, and arguing against negative thoughts. Write down the **CLEAR** Thoughts on the worksheet.



Use the Feeling Thermometer to assess the client’s level of comfort with **CLEAR** Thoughts.

- ▶ **By replacing your unhelpful thoughts with CLEAR Thoughts, how do you think your actions will change? Where do you think you would be on the Feeling Thermometer?**

Engage in a brief discussion.

Activity 4: What If I Slip?

Time

- 20 minutes

Activity Materials

- Handout: SMART Problem-Solving
- Worksheet: Applying SMART Problem-Solving

Counselor Note

The purpose of this activity is to help the client prepare for a possible slip back into substance use. The client learns that a slip is part of the change process and is an indicator that he or she was unprepared to handle an unexpected high risk trigger. The client applies SMART Problem-Solving to prevent a slip from turning into a pattern of use

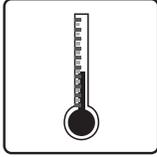
The Idea of a Slip

Introduce the idea of a slip

- ▶ **Your long-term substance use goal may seem challenging at first. It can't be achieved over night. Remember, long-term goals can take months, sometimes years to achieve. What is important is that you have set a goal reflecting the future you desire.**
- ▶ **There may be times when you briefly slip back into your old habit and use drugs or alcohol in a way that is not consistent with the goal you've set. Part of the change process, especially for substance use, is slipping. It may be hard to experience a slip because it feels like you are not succeeding with your plan and that you might return to your old ways.**
- ▶ **A slip is part of the change process. You are changing something about yourself that you have been doing for many years. So it is not surprising that you might experience a slip.**

Ask the client for an example of a personal slip (e.g., cheating on a diet).

- ▶ **Have you ever experienced a slip with something you were trying to change? How did you handle it?**



Use the Feeling Thermometer to assess the client's comfort level with a slip.

- ▶ **Where do you think you were on the Feeling Thermometer when the slip occurred?**
- ▶ **What thoughts did you have?**
- ▶ **What did you do? Did you throw out your plan or get back on track?**

Point out the relationship between the client's Feeling Thermometer reading, thoughts, and actions. For example, the client may say, "My Feeling Thermometer was at 100, and I thought I was a total failure and a loser, so I gave up." Point out that a high level of discomfort is linked to negative thoughts, which can lead to an unwanted consequence.

Follow-up questions:

- What do you think you could have done to keep from giving up (action)?
- What are some strategies you could use to handle slips?

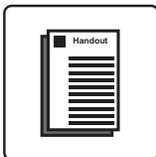
Discuss with the client how skills taught in **CLEAR** could be helpful in dealing with a slip. Suggest using the following strategies: **CLEAR** Thinking, SMART Problem-Solving, Assertiveness, and Ideal Self.

Normalize that a slip is part of the change process.

- ▶ **Those were some great suggestions. A slip is a sign that there are some adjustments that need to be made to your original plan. Slips are not caused by uncontrollable cravings, or the result of being "weak" or a "failure." It is usually the result of being unprepared to handle a trigger.**
- ▶ **You can turn a slip into a learning experience. There are three steps to do this:**
 1. **Identify the trigger that led to the slip.**
 2. **Develop a strategy to prepare you for the next time you come across the trigger.**
 3. **Stop the slip from leading to a former pattern of use.**
- ▶ **We have already discussed different ways of handling triggers. However, sometimes we may not be able to handle the trigger and, consequently, end up using.**

Using SMART Problem-Solving to Prevent a Slip from Leading to a Former Pattern of Use

- ▶ When you do slip it is important to not let it lead you to a former pattern of substance use. When people slip, sometimes they throw out their plan all together and go back to their old ways. It is much harder to pick yourself up after going back to your old ways than it is after a slip.
- ▶ Having a plan in place in case you do slip can keep your slip from leading you back to your old ways. You can turn to this plan for help immediately after you experience a slip.
- ▶ Let's come up with your plan now. We're going to use SMART Problem-Solving to guide us.



Give the client a copy of the SMART Problem-Solving Guidelines handout and review the guidelines with the client.

Then distribute and use the Applying SMART Problem-Solving worksheet to develop a plan for how to deal with a slip.

Example of Applying SMART Problem-Solving to a substance use slip

- **State the problem:** I slipped and binged on methamphetamine over the weekend.
- **Goal:** Get back on track to keep my slip from becoming a relapse.
- **Actions:**
 1. Remind myself that a slip is part of the change process.
 2. Identify the high-risk situation, emotions, or thoughts that triggered me to slip.
 3. Remove myself from the high-risk situation or vicinity of that person.
 4. Write down all my thoughts about throwing out my plan and reframe them as **CLEAR** Thoughts.
 5. Using SMART Problem-Solving, identify options for handling the high-risk factor.

6. Remind myself that emotions such as guilt, shame, and hopelessness are natural after a slip. These emotions will fade with time.
7. Call a supportive friend or family member to help me get through this hard time.
8. Call a support hotline so I can talk through my slip.
9. Relax and breathe.
10. Remind myself of how my Ideal Self would want to handle the situation.

- ▶ **Great work. This list of actions shows what you can immediately do when you experience a slip.**
- ▶ **How does it feel to have a plan for your slips?**
- ▶ **Great work!**

Activity 5: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today we learned about your internal triggers and the substance use thoughts they can trigger. Then, we practiced replacing those unhelpful thoughts with CLEAR Thoughts. Finally, we talked about what it means to slip from your substance use goal, and how to cope with a potential slip so that your substance use goal is not negatively affected.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to adherence.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Keep a diary of all of your substance use thoughts for two days.**
 - **Handle your substance use thoughts by using one of the CLEAR Thinking strategies.**



Suggestions for Weekly Goals - *continued*

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Substance Use Risk Session 3

Handouts

- SMART Problem-Solving Guidelines

Worksheets

- Applying SMART Problem-Solving
- **CLEAR** Thinking
- My Internal Triggers

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ SMART Problem-Solving Guidelines

Step 1: S = State the problem

- Is the problem stated clearly? (Writing it down will help you define it clearly.)
- Is it complete?
- What's your read on the Feeling Thermometer when you think about the problem?

Step 2: M = Make a goal

- Exactly what do you want to accomplish? What do you want to change from the way it is now?
- Is the goal stated clearly?
- Is it specific, so you can for sure tell when you have achieved it? (Again, writing it down will help.)
- Are you sure this is the goal you want? Can you make a commitment to working on it?

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- Are these all of the actions you could reasonably take that would achieve your goal?
- Is each action stated clearly?
- Do the actions specify just one thing to do, as opposed to several things at the same time?
- Does each action describe something you will do, as opposed to how you will feel or think? (It's best to have at least three actions to choose from if possible.)

Step 4: R = Reach a decision about which actions you could take

- Have you picked the best course of action, the one with the most pros and the fewest cons?
- How will you get the skills that you need, if you don't have them already?
- How will you get the resources that you need, if you don't have them already?

Step 4: R = Reach a decision about which actions you could take - *continued*

- **Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)**
- **What is going to be your plan for taking the action? What are the specific steps?**
- **What things can get in the way of taking this action and being successful with it? Is there anything you know about for sure that will make it difficult? Is there anything that might go wrong?**
- **What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?**

Step 5: T = Try it and review it

- **Did the action work out as you expected?**
- **Were you successful in taking your action? Completely? Partly?**
- **Would you do anything differently if you were starting again?**
- **Did the action you took achieve the goal you wanted to accomplish? Completely? Partly?**
- **Do you need to make a new plan in order to be successful in taking this action?**
- **Do you need to find a new action that will move you forward toward achieving your goal?**

■ Applying SMART Problem-Solving

Step 1: S = State the problem

Step 2: M = Make a goal

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- ---
- ---
- ---
- ---
- ---

Step 4: R = Reach a decision about which actions you could take

- What's the best course of action, the one with the most pros and the fewest cons?
- Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)
- What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?

Step 5: T = Try it and review it

- Did the action work out as you expected?
- Were you successful in taking your action? Completely? Partly?
- Would you do anything differently if you were starting again?

This Page Intentionally Left Blank.

■ CLEAR Thinking



CLEAR Thought: _____

Unhelpful Thought: _____

This Page Intentionally Left Blank.

■ My Internal Triggers

1. Mark and “**X**” in front of all the emotions that can trigger drug or alcohol thoughts or cravings for you. If something is missing that is a trigger for you, add it to the list.

<input type="checkbox"/> Afraid	<input type="checkbox"/> Embarrassed	<input type="checkbox"/> Deprived
<input type="checkbox"/> Angry	<input type="checkbox"/> Criticized	<input type="checkbox"/> Lonely
<input type="checkbox"/> Guilty	<input type="checkbox"/> Sexually aroused	<input type="checkbox"/> Sorry for myself
<input type="checkbox"/> Worthless	<input type="checkbox"/> Frustrated	<input type="checkbox"/> Nervous
<input type="checkbox"/> Happy	<input type="checkbox"/> Sad	<input type="checkbox"/> Confident
<input type="checkbox"/> Calm	<input type="checkbox"/> Tired	<input type="checkbox"/> Depressed
<input type="checkbox"/> Excited	<input type="checkbox"/> Jealous	<input type="checkbox"/> Insecure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Which emotions triggered you to use drugs or alcohol in the last month?

3. Which emotions are most likely to trigger you to use drugs or alcohol?

4. Was there a time when you were trying to stay away from drugs or alcohol, when an emotion triggered you to use again?

Yes No

If yes, what was the emotion or physical sensation? _____

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

Substance Use Risk 4:

**What Will Help Me Achieve My Goal Around
Injection Drug Use?**

This page intentionally left blank.

CLEAR: Substance Use Risk 4

What Will Help Me Achieve My Goal Around Injection Drugs Use?

(70 Minutes)

Session Aims:

- To assess the client's motivation to stop injecting drugs.
- To understand the client's thoughts about achieving his or her goal around injection drug use.
- To apply SMART Problem-Solving and **CLEAR** Thinking to handle triggers and substance use thoughts.
- To learn how to disinfect needles if sterile needles are unavailable.
- To help the client monitor his or her progress in achieving his or her substance use goals.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and to shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

What Do I Think About Changing My Injection Drug Use Behaviors? (5 minutes)

- The purposes of this activity are to assess the client's motivation to stop or reduce injection drug use or to make injection safer, and the client's thoughts about achieving his or her goal.

What are My Injection Drug Use Triggers? (10 minutes)

- Using the F-T-D grid the client explores the situations that trigger injection drug use thoughts, which can lead to use.

How Do I Handle My Triggers and Unhelpful Thoughts? (20 minutes)

- The purpose of this activity is to practice applying SMART Problem-Solving and CLEAR Thinking to handle injection drug triggers and thoughts.

What's Harmful About Injecting Drugs? (10 minutes)

- The client learns why injecting drugs is harmful to his or her health and the health of others. The client then learns how to clean syringes for situations when he or she cannot obtain a new sterile one.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials for Substance Use Risk Session 4

Handouts

- Drug Treatment Centers (To be completed in advance)*
- How To Clean Your Needles and Syringes
- Needles and Syringes: Local Laws and Resources (To be completed in advance)#
- Needles and Your Health
- SMART Problem-Solving Guidelines
- Tips to Prevent Overdose

Worksheets

- Applying SMART Problem-Solving
- F-T-D Grid

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

****Note:** This handout should be prepared in advance. We suggest providing the client with resources about local drug treatment centers.*

Required Materials for Substance Use Risk Session 4 - *continued*

#Note: This handout should be prepared in advance. Laws regarding needle and syringe possessions and syringe exchanges vary from jurisdiction to jurisdiction. Call your state and local health department to find out the laws regarding needle exchange.

This page intentionally left blank.

Activity 1: Check-in

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule

If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.



Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer and body reactions, thoughts and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**

Introduction to Today's Session - *continued*

- ▶ **As you know, your individual prevention plan guides how we spend each of our sessions together.**
- ▶ **In your prevention plan, one of the challenging areas that you said you would like to work on is related to your substance use.**

Review the client's substance use goal from the Prevention Plan.

- ▶ **In our initial sessions together you mentioned that you would like to stop injecting drugs/steroids or learn how to make the way you inject drugs safer. Today we are going to talk about why this is important to you and your thoughts about making this change. We will be exploring the situations in which you inject drugs and developing strategies that will help you handle your injection drug triggers and thoughts.**
- ▶ **I want to make it clear that this program is not a substance use treatment program. The work we do together is about learning skills that can help you make positive changes in your life. These skills can enhance the treatment program you may already be in, or can help you assess whether or not a treatment program is right for you. While CLEAR's goal is to help you achieve abstinence from all harmful substances, we recognize that everyone who comes to us is in a different place with their substance use. We want to start wherever you are.**
- ▶ **I want to remind you about two of the ground rules we came up with when we started the CLEAR program: accept others as they are and what is said here stays here. I am not here to tell you if what you are doing is right or wrong. I am more concerned about where you want to go and how I can help you get there.**
- ▶ **Being honest with yourself and me may be the best ways to achieve this goal.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: What Do I Think About Changing My Injection Drug Use Behaviors?

Time

- 5 minutes

Activity Materials

- None

Counselor Note

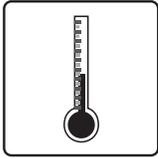
The purposes of this activity are to assess the client's motivation to stop injection drug use or to make injection safer, and thoughts about achieving his or her goal. Using the F-T-D grid the client explores the situations that trigger drug thoughts which can lead to use.

Changing My Injection Drug Use Behaviors

- ▶ **Let's start our discussion addressing a simple question about injecting drugs or steroids: why is it important for you to stop injecting drugs or to change the way you inject to make it safer?**

Engage in a brief discussion with the client. Praise the client's efforts and motivation. Probe with the following questions:

- How did you come to this decision? Was there a person who inspired you to make a change? Was there an event in your life that made you think about changing?
- Where does this goal fit in with your life goal?
- Where does this goal fit in with your Ideal Self?
- ▶ **Great. Thanks for sharing your thoughts.**



- **In a previous session we talked about the change process. The change process can sometimes be a bit scary and frustrating, but it is also extremely rewarding. I want to hear the different thoughts you have about making this change.**

Discuss the client's feelings and thoughts about changing his or her injection drug use behaviors.

Probe with the following questions?

- What is your Feeling Thermometer reading when you think about changing your injection drug use behaviors?
- What thoughts go through your mind as you think about changing your injection drug use behaviors?

Ask the client what **CLEAR** Thoughts can be applied in order to deal with potential unhelpful thoughts related to changing injection drug use behaviors.

Activity 3: What are My Injection Drug Use Triggers?

Time

- 10 minutes

Activity Materials

- Worksheet: F-T-D Grid

Counselor Note

Using the F-T-D grid, the client explores the situations that trigger injection drug use thoughts, which can lead to use.

- ▶ **Let’s think of the last time that you engaged in injection drug use behavior. I would like to understand what happened that got you to shoot up and/or share needles.**

Distribute the F-T-D Grid to the client and complete it with the client.

- ▶ **Let’s complete the F-T-D grid together.**

Sample Completed F-T-D Grid

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action
My friend wanted to shoot up.	80	Clenched jaw	I have to do this. I’m going to lose friends over this. This one time will be OK.	Continue shooting up.
Feeling down.	100	Tears Hot	My life is not getting better anyway so who cares if I shoot up. It will help me forget.	Shoot up.

F-T-D Grid



Engage in a discussion with the client about the relationship between feelings, thoughts, and actions. Point out that unhelpful thoughts can increase his or her discomfort (Feeling Thermometer reading) and can lead to unwanted actions.

Repeat the exercise with 1-3 situations in order to identify client's injection drug use triggers.

- ▶ **Do you see a pattern? When are your readings higher or lower on the Feeling Thermometer?**
- ▶ **What do you think about the situations in which you believe you might have these thoughts?**
- ▶ **What do you think it is about these situations that would lead you to use?**
- ▶ **What are your triggers for injection drug use?**

Point out any internal or external triggers: emotions, people, places, situations, and objects.

- ▶ **As you can see, thoughts and feelings are very powerful. They can really impact the outcome of a situation. Great work!**

Activity 4: How Do I Handle My Triggers and Unhelpful Thoughts?

Time

- 20 minutes

Materials

- Handout: SMART Problem-Solving
- Worksheet: CLEAR Thinking
- Worksheet: Applying SMART Problem-Solving

Counselor Note

The purpose of this activity is to practice applying SMART Problem-Solving and CLEAR Thinking to handle injection drug triggers and thoughts.

Handling Triggers and Unhelpful Thoughts

- ▶ **In this last two sessions we identified emotions, situations, people, places, and objects that might trigger thoughts that lead you to continue injecting drugs or injecting in a way that is harmful.**

Refer to the F-T-D grid completed in the last activity. Ask the client to select a trigger that is moderately uncomfortable (40-60 on the Feeling Thermometer).

- ▶ **Let's begin with a trigger that is moderately uncomfortable for you.**
- ▶ **What do you think you can do to handle this trigger?**

Get responses from the client.

- ▶ **Let's get some of these ideas down on paper. To help us figure out your options for handling specific triggers, let's apply SMART Problem-Solving. Remember SMART Problem-Solving can help you change a situation by looking at the different choices you have to handle the situation and then choosing the best option.**



Distribute a copy of the SMART Problem-Solving Guidelines handout and review it with the client.

Distribute the Applying SMART Problem-Solving worksheet and work through each of the steps.

Remind the client of avoiding, removing, and neutralizing as techniques for dealing with external triggers. Probe with the following questions.

- Do you think you can avoid any of these people, places, situations, or objects?
 - Do you think you can remove yourself from a trigger situation?
 - Do you think you could neutralize any of these situations so they no longer stimulate thoughts about using?
- ▶ **Great job!**

CLEAR Thinking

- ▶ **We learned from completing the F-T-D grid that thoughts are very powerful and can affect whether or not you stop injecting drugs or change how you inject drugs.**
- ▶ **Unhelpful thoughts like “I can’t do this, I’m going to lose friends.” can lead you to start using again or continue using in a way that is harmful to you and others. However, you can change your unhelpful thoughts into CLEAR Thoughts, thereby making it easier to succeed in your goal to stop injecting or change how you inject so it is safer.**
- ▶ **For example, “I can’t do this,” and “I’m going to lose friends” are unhelpful thoughts. You can replace these thoughts with CLEAR Thoughts: “It’s not always going to be easy, but I know I can do this.” “It’s true some people may not want to be friends with me anymore, but my true friends, those people who really care about me, will be happy that I am making changes to better my life.”**
- ▶ **Let’s take a look at the thoughts you wrote down on the F-T-D grid. How could you change your unhelpful thoughts into CLEAR Thoughts?**

Practice applying CLEAR Thinking to the thoughts the client listed on the F-T-D grid.

CLEAR Thinking - *continued*

- ▶ **By replacing your unhelpful thoughts with CLEAR Thoughts, how do you think your actions will change?**

Engage in a brief discussion.

- ▶ **Great job. We just practiced two very important skills, SMART Problem-Solving and CLEAR Thinking, both of which can help you reach your goals.**

This page intentionally left blank.

Activity 5: What's Harmful About Injecting Drugs?

Time

- 10 minutes

Activity Materials

- Handout: Drug Treatment Centers (To be completed in advance)
- Handout: How to Clean Your Needles and Syringes
- Handout: Needles and Syringes: Local Laws and Resources (To be completed in advance)
- Handout: Tips to Prevent Overdose

Counselor Note

The client learns why injecting drugs is harmful to his or her health and the health of others. The client then learns how to clean syringes for situations when he or she cannot obtain a new sterile one.

Injection Risks

- ▶ **Injecting drugs or steroids has risks because HIV and other diseases, like Hepatitis B and C, can be spread directly by sharing needles or other injection equipment.**
- ▶ **Do you know how this can occur?**

Get a response from the client. Gauge the client's level of knowledge about HIV transmission.

- ▶ **When sharing needles and other injection equipment (e.g., cooker, cotton, spoon), blood is exchanged with every user. Since HIV and Hepatitis B and C are transmitted through blood, sharing needles and other injection equipment is a way that infected blood can be transmitted to others.**

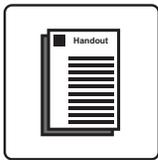
Use the Feeling Thermometer to assess the client's comfort level with transmission information.



- ▶ **Where does this information put you on the Feeling Thermometer?**
- ▶ **Knowing this information, what steps can you take to living a healthier life?**

Get responses from the client. If not mentioned by the client, suggest the following:

- The most effective way of avoiding the harm caused by injecting drugs and not getting or transmitting HIV and Hepatitis B and C is by not injecting drugs
- If you cannot stop injecting drugs by yourself, seek treatment
- If you cannot stop by yourself or get treatment, then lower the risk to yourself and others
- If you continue to inject drugs, then use a new sterile needle that you take out of sealed wrapper each and every time you shoot up
- If a sterile needle isn't available, properly clean the needle before and after using it.



Give the client a copy of the Needles and Your Health handout.

- ▶ **I'd like to share with you this handout, called Needles and Your Health.**
- ▶ **As you can see there are four levels of protecting yourself and others:**
 - **Stop using and injecting drugs**
 - **Enter and complete drug treatment**
 - **If you cannot stop injecting drugs use only new sterile syringes and never share syringes or other drug preparation equipment.**
 - **If you do not have a new sterile syringe, properly clean a used one with bleach.**
- ▶ **The highest level is the least risky, meaning it is the most effective way of not transmitting or receiving HIV or another virus. As you move down, the risk increases.**

Injection Risks - *continued*

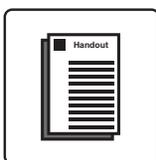
Praise the client for making a decision to change his or her drug use behaviors.

- ▶ **If you do inject drugs, and do not have access to sterile syringes, it's important to learn how to protect yourself and others.**



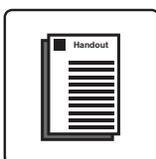
How to Clean Your Needles and Syringes

Distribute the How to Clean Your Needles and Syringes handout and review it with the client.



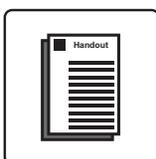
Distribute the Drug Treatment Centers handout.

Give the client a list of local drug treatment resources and a summary of local laws governing possession and use of needles and syringes, etc.



Distribute the Needles and Syringes: Local Laws and Resources handout and review it with the client.

- ▶ **Now I want to share some important information with you about local laws regulating needles and syringes.**
- ▶ **Now let's talk briefly about other things you can do to make your drug use safer. I have a list of tips that apply to both injection and non-injection drug use. These tips are related to overdosing.**



Distribute the Tips to Prevent Overdose handout and review it with the client.

Tips to Prevent Overdose

- Avoid mixing drugs. Mixing drugs can lead to overdose especially if you mix drugs that have the same effect. Also, being high or drunk compromises your judgment and this too can lead you to overdose.
- Learn how your HIV medications will interact with drugs and alcohol. Some HIV medications can cause certain drugs to become more potent, leading to overdose.
- If your health has worsened or you've lost weight, do a little less. You will probably need less of the drug to get high.
- Take control of your own preparation and intake. You are the only one who really knows how much you can handle.



- If you use drugs with others, let someone you are with know what drugs you take in case of an overdose. If you must use alone, let a friend know so they can check in on you.
- Come up with a plan with those you use with. At what point do you call 911?

▶ **What would you add to this list of tips?**

▶ **Which ones do you already practice?**

Use the Feeling Thermometer to assess the client's comfort level.

- ▶ **Which ones put you high on the Feeling Thermometer, i.e., over a 60?**
- ▶ **How comfortable would you feel calling 911?**
- ▶ **How does the environment of where you take drugs effect safety? For example, if you were at a dance club or using drugs alone. What additional precautions would you need to take in order to stay safe?**

Engage in a discussion with the client about his or her thoughts about overdose, and brainstorm ideas of other methods to keep from overdosing.

Discuss how using drugs in certain settings might require additional safety precautions. For example, staying hydrated at dance clubs, asking a friend to check up on you if you are using alone, or eating food before drinking alcohol.

▶ **Great work!**

Activity 6: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today we reviewed the goal you set around your injection drug use. We talked about why this goal is important to you and your thoughts about making changes to achieve this goal. We then used the F-T-D grid to explore the situations in which you inject drugs and the situations that give you confidence to succeed. We then applied SMART Problem-Solving and CLEAR Thinking to handle triggers and unhelpful thoughts. Finally, we learned why injection drug use is harmful and how you can protect yourself and others by properly cleaning your syringes.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to adherence.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Replace your unhelpful thoughts with CLEAR Thoughts.**
 - **SMART Problem-Solve a drug trigger that you experience.**
 - **Practice cleaning a needle and syringe using the method we discussed.**



Suggestions for Weekly Goals - *continued*

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Substance Use Risk Session 4

Handouts

- Drug Treatment Centers (To be completed in advance)*
- How To Clean Your Needles and Syringes
- Needles and Syringes: Local Laws and Resources (To be completed in advance)#
- Needles and Your Health
- SMART Problem-Solving Guidelines
- Tips to Prevent Overdose

Worksheets

- Applying SMART Problem-Solving
- F-T-D Grid

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

****Note:** This handout should be prepared in advance. We suggest providing the client with resources about local drug treatment centers.*

*#**Note:** This handout should be prepared in advance. Laws regarding needle and syringe possessions and syringe exchanges vary from jurisdiction to jurisdiction. Call your state and local health department to find out the laws regarding needle exchange.*

This Page Intentionally Left Blank.

■ Drug Treatment Centers

(To be developed locally)

This Page Intentionally Left Blank.

■ How to Clean Your Needles and Syringes

Materials:

1. Regular household bleach
2. Clean water

Directions:

There are three steps to cleaning your needles and syringes. You should **do each step three times**.

STEP 1: Water (Do this 3 times.)

- A. Fill syringe to the top with clean water.
- B. Shake the syringe.
- C. Squirt out. **Repeat steps 1A-1C two more times**.

STEP 2: 100% Bleach (Do this 3 times.)

- A. Fill syringe to the top with clean, 100% bleach.
- B. Shake the syringe. Leave the bleach in for at least 30 seconds.
- C. Squirt out. **Repeat steps 2A-2C two more times**.

STEP 3: Water (Do this 3 times.)

- A. Fill syringe to the top with clean water.
- B. Shake the syringe.
- C. Squirt out. **Repeat steps 3A-3C two more times**.

This Page Intentionally Left Blank.

■ **Needles and Syringes: Local Laws and Resources**

(To be developed locally)

This Page Intentionally Left Blank.

■ Needles and Your Health

More Safe



1. Stop using and injecting drugs
2. Enter and complete drug treatment
3. If you cannot stop injecting drugs use only new sterile syringes and never share syringes or other drug preparation equipment
4. If you do not have a new sterile syringe, properly clean a used one and all other equipment with bleach.

Less Safe

This Page Intentionally Left Blank.

■ SMART Problem-Solving Guidelines

Step 1: S = State the problem

- Is the problem stated clearly? (Writing it down will help you define it clearly.)
- Is it complete?
- What's your read on the Feeling Thermometer when you think about the problem?

Step 2: M = Make a goal

- Exactly what do you want to accomplish? What do you want to change from the way it is now?
- Is the goal stated clearly?
- Is it specific, so you can for sure tell when you have achieved it? (Again, writing it down will help.)
- Are you sure this is the goal you want? Can you make a commitment to working on it?

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- Are these all of the actions you could reasonably take that would achieve your goal?
- Is each action stated clearly?
- Do the actions specify just one thing to do, as opposed to several things at the same time?
- Does each action describe something you will do, as opposed to how you will feel or think? (It's best to have at least three actions to choose from if possible.)

Step 4: R = Reach a decision about which actions you could take

- Have you picked the best course of action, the one with the most pros and the fewest cons?
- How will you get the skills that you need, if you don't have them already?
- How will you get the resources that you need, if you don't have them already?

Step 4: R = Reach a decision about which actions you could take - *continued*

- **Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)**
- **What is going to be your plan for taking the action? What are the specific steps?**
- **What things can get in the way of taking this action and being successful with it? Is there anything you know about for sure that will make it difficult? Is there anything that might go wrong?**
- **What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?**

Step 5: T = Try it and review it

- **Did the action work out as you expected?**
- **Were you successful in taking your action? Completely? Partly?**
- **Would you do anything differently if you were starting again?**
- **Did the action you took achieve the goal you wanted to accomplish? Completely? Partly?**
- **Do you need to make a new plan in order to be successful in taking this action?**
- **Do you need to find a new action that will move you forward toward achieving your goal?**

■ Tips to Prevent Overdose

- **Avoid mixing drugs.** Mixing drugs can lead to overdose especially if you mix drugs that have the same effect. Also, being high or drunk compromises your judgment and this too can lead you to overdose.
- **Learn how your HIV meds will interact with drugs and alcohol.** Some HIV meds can cause certain drugs to become more potent, leading to overdose.
- **If your health has worsened or you've lost weight, do a little less.** You will probably need less of the drug to get high.
- **Take control of your own preparation and intake.** You are the only one who really knows how much you can handle.
- **If you use drugs with others, let someone you are with know what drugs you take in case of an overdose.** If you must use alone, let a friend know so they can check in on you.
- **Come up with a plan with those you use with.** At what point to do you call 911?

This Page Intentionally Left Blank.

■ Applying SMART Problem-Solving

Step 1: S = State the problem

Issue # 1

Issue # 2

Step 2: M = Make a goal

Issue # 1

Issue # 2

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

Issue # 1

- ---
- ---
- ---

Step 3: A = Actions - *continued*

Issue # 2

- _____
- _____
- _____
- _____

Step 4: R = Reach a decision about which actions you could take

- **What's the best course of action, the one with the most pros and the fewest cons?**
- **Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)**
- **What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?**

Step 5: T = Try it and review it

- **Did the action work out as you expected?**
- **Were you successful in taking your action? Completely? Partly?**
- **Would you do anything differently if you were starting again?**

■ F-T-D Grid

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

**Substance Use Risk 5:
Drugs, Alcohol, and HIV**

This page intentionally left blank.

CLEAR: Substance Use Risk 5

Drugs, Alcohol, and HIV

(70 Minutes)

Session Aims:

- To understand the health consequences of drugs and alcohol on the immune system and their interaction with HIV medications.
- To learn how to discuss drug use behaviors with health care providers.
- To identify strategies to increase adherence while under the influence of drugs and alcohol.
- To help the client monitor his or her progress in achieving his or her substance use goals.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

What Do People Living With HIV Need To Be Aware of When It Comes To Substance Use? (10 minutes)

- The purpose of this activity is to increase awareness of the impact of drug and alcohol use on the immune system, their potentially harmful interactions with HIV medications, and their impact on medication adherence.

How Do I Bring Up My Drug Use With My Health Care Provider? (20 minutes)

- The purposes of this activity are to assess the communication that the client currently has with his or her health care provider about his or her substance use, and to provide the client with the skills to communicate assertively with his or her health care provider.

How Can I Achieve Perfect Adherence When I'm High or Drunk? (15 minutes)

- The purpose of this activity is to problem solve barriers the client has to achieving perfect adherence when under the influence of alcohol or drugs.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials for Substance Use Risk Session 5

Handouts

- Assertive Communication Guidelines
- Questions To Ask My Health Care Provider About My Drug Use
- SMART Problem-Solving Guidelines

Worksheets

- Applying SMART Problem-Solving

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-in

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer and body reactions, thoughts and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**

Introduction to Today's Session - *continued*

- ▶ **As you know, your individual prevention plan guides how we spend each of our sessions together.**
- ▶ **In your prevention plan, one of the challenging areas that you said you would like to work on is related to your substance use.**

Review the client's substance use goal from the Prevention Plan.

- ▶ **Today we are going to talk about what people with HIV need to be aware of if they are using drugs or alcohol. We will be reviewing information on how drugs and alcohol affect your immune system and how they can interact with your HIV medications. We will then learn how to have productive discussions with your health care providers so you can get answers to questions you have about your substance use. Finally, we will be looking at your adherence to your HIV medications when you are high or drunk, and apply SMART Problem-Solving so you can achieve perfect adherence.**
- ▶ **I want to make it clear that this program is not a substance use treatment program. The work we do together is about learning skills that can help you make positive changes in your life. These skills can enhance the treatment program you may already be in, or can help you assess whether or not a treatment program is right for you. While CLEAR's goal is to help you achieve abstinence from all harmful substances, we recognize that everyone who comes to us is in a different place with their substance use. We want to start wherever you are.**
- ▶ **I want to remind you about two of the ground rules we came up with when we started the CLEAR program: accept others as they are and what is said here stays here. I am not here to tell you if what you are doing is right or wrong. I am more concerned about where you want to go and how I can help you get there.**
- ▶ **Being honest with yourself and me may be the best ways to achieve this goal.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: What Do People Living With HIV Need To Be Aware of When It Comes To Substance Use?

Time

- 10 minutes

Activity Materials

- None

Counselor Note

The purpose of this activity is to increase awareness of the impact of drug and alcohol use on the immune system, their potentially harmful interactions with HIV medications, and their impact on medication adherence.

Effects of Drugs and Alcohol on Health

- ▶ **Let's begin by having a discussion about the effects that drugs and alcohol have on the body. How do you think these substances affect health?**
- ▶ **What do people with HIV need to be concerned with when it comes to drugs and alcohol use?**

In the discussion, use a non-judgmental and conversational manner to bring up the following topics.

- Drugs and alcohol can be physically harmful to the body
- Drugs and alcohol can suppress immune system functioning
- Drugs and alcohol can have a negative impact on your adherence
- Drugs and alcohol can harmfully interact with your HIV medications
- Being high or drunk can lead to unsafe sex
- Needle sharing can increase the risk of acquiring or transmitting HIV and other diseases

- ▶ **The use and/or abuse of street and prescription drugs and alcohol can cause physical and emotional harm. There are additional concerns people living with HIV should be aware of.**
- ▶ **Drugs and alcohol can affect your immune system. Studies show that acute and long-term use of alcohol and drugs impair the immune system and can cause other physical and mental complications.¹ For people who are HIV positive, this can mean a greater risk for infections and a lower quality of life.**
- ▶ **Second is how drugs and alcohol affect your HIV medications. They can severely interact with your HIV medications and lower your adherence rate.**

Interactions with HIV Medications

- ▶ **The way drugs and alcohol interact with HIV medications is very complex. There is still a lot to learn about drug interactions, and more research is still needed to understand which HIV medications react harshly with which prescription and street drugs.**
- ▶ **To illustrate what I mean, let's take a look at the drug ecstasy. There have been case studies reported of people on the antiretroviral ritonavir (trade name Norvir® and a component of Kaletra®) who have overdosed from taking a small dose of the party drug ecstasy. In some cases the overdoses were fatal.**
- ▶ **Your health care provider or pharmacist can answer your specific questions about interactions between your prescription medications and alcohol or recreational drugs.**
- ▶ **We'll be working on how to use assertive communication to discuss your questions with your health care providers a little later in today's session.**

¹Connor, 2004; Szabo, 1999

Adherence to HIV Medications

- ▶ **Have you ever skipped or delayed taking your HIV medications because you were either high or drunk. What has your experience been?**

Pause and wait for an answer. If the client has never had this experience, suggest that it may come up in the future and you want them to be equipped to handle it.

Use the Feeling Thermometer to assess the client's level of comfort with missing doses due to substance use.

- ▶ **Where were you on the Feeling Thermometer when you realized that you had skipped or delayed taking your HIV medications because you were either high or drunk?**
- ▶ **Adherence means taking prescription medications exactly as prescribed. Adherence is important. Skipping medications puts you at risk of developing resistance to your current regimen. If this happens, the HIV medications you are currently taking could eventually lose their effectiveness.**
- ▶ **If adhering to your medications is an issue, let your doctor know and ask him or her if you are a good candidate for a low maintenance regimen, such as a once-a-day treatment plan.**
- ▶ **We'll be talking about strategies to improve your adherence at times when you are drunk or high later on in the session.**

Use the Feeling Thermometer to assess the client's level of comfort with the discussion.

- ▶ **Where does this conversation about HIV medications, alcohol, and recreational drugs put you on the Feeling Thermometer?**
- ▶ **Do you have any questions for me?**

Answer any remaining questions the client has.



This page intentionally left blank.

Activity 3: How Do I Bring Up My Drug Use With My Health Care provider?

Time

- 20 minutes

Activity Materials

- Handout: Assertive Communication Guidelines
- Worksheet: Questions To Ask My Health Care Provider About My Drug Use

Counselor Note

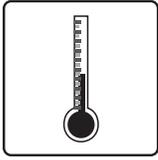
The purposes of this activity are to identify how the client is currently communicating with his or her health care providers about his or her substance use and to provide the client with the skills to communicate assertively with his or her doctor.

Discussing Drug and Alcohol Use With Your Health Care Provider

- ▶ **In the discussion we just had, one theme repeatedly came up: having an open dialogue about your drug and alcohol use with your health care provider.**
- ▶ **What do you think makes a person feel uncomfortable about starting this dialogue with his or her health care provider?**

Include the following if not suggested by the client:

- Fear of being judged for his or her lifestyle.
- Does not have a good relationship with the provider.
- Does not want to be lectured to quit.
- Feels bad after hearing the harmful effects of drugs and alcohol.
- Does not know how to start the discussion.
- Does not know why it's important that a health care provider would need to know.



- ▶ **Most providers will want to discuss potential interactions between recreational drugs and alcohol and your prescription drugs.**

Use the Feeling Thermometer to assess the client’s level of comfort with discussing interactions between recreational drugs and/or alcohol and prescription medications.

- ▶ **When you think about discussing your alcohol and/or recreational drug use with your health care provider, where are you on the Feeling Thermometer?**
- ▶ **When you think about asking your health care provider specific questions about the recreational drugs you use, where are you on the Feeling Thermometer?**

Probe for thoughts about what may increase the client’s Feeling Thermometer reading.

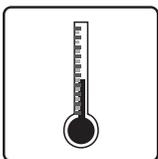
- ▶ **What could you do to lower your Feeling Thermometer reading to make the discussion easier?**

Engage in a brief discussion. Suggest using the following skills as methods for coping with an uncomfortable discussion: review of one’s Ideal Self characteristics before the discussion, Goal Setting, **CLEAR** Thinking, SMART Problem-Solving, and Assertive Communication during the discussion.



Distribute the Questions To Ask My Health Care Provider About My Drug Use worksheet.

- ▶ **Let’s talk about what you would want to know from your health care provider about your drug use. If I were one of your health care providers, what questions would you have for me? What information do you think I should share with you?**



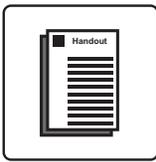
Write the client’s questions down on the worksheet and give him or her a copy at the end of the activity. Emphasize that it is important for questions to be specific and clear. Use the Feeling Thermometer to rank order these questions.

- ▶ **Great. I wrote your questions down on this sheet, and on it are some additional questions to consider.**

Ask client to rank his or her comfort level in relation to asking his or her doctor each of the questions on the list.

Discussing Drug and Alcohol Use With Your Health Care Provider - *continued*

- ▶ **Where are you on the Feeling Thermometer when you think about asking your doctor your first question, second question, etc?**
- ▶ **If your health care provider doesn't ask you about your drug and alcohol use, how could you start the discussion?**
- ▶ **When do you think would be the best time to bring up the topic?**
- ▶ **What type of communication would you use?**



Give the client a copy of the Assertive Communication Guidelines handout.

- ▶ **As we discussed in an earlier session there are three types of communication: passive, assertive, and aggressive. Which style of communication do you think is most effective for talking with your health care providers?**
- ▶ **Would there be times when the other types of communication could be appropriate?**

Engage in a brief discussion with the client.

- ▶ **Today we're going to practice assertiveness, which means standing up for your own needs while also being concerned and respectful about the needs of the other person.**
- ▶ **In general, people who are met with aggressive communication tend to shut down. Health care providers may be interested in getting out of the situation rather than giving you better care. On the other hand, if you communicate passively, you may leave your appointment without getting all of your questions answered.**
- ▶ **Let's practice some ways you can bring up the topic with your health care provider.**

Have the client practice using the Assertive Communication Guidelines handout to ask the questions listed on the Questions To Ask My Health Care Provider About My Drug Use worksheet. Choose a question that is moderately uncomfortable for the client to discuss.

Model how he or she might bring up the subject:

Client to the health care provider: “Before we get started, I want to let you know that I am concerned with how my HIV medications might be interacting with the recreational drugs that I use. I know you have a tight schedule, but could we set aside some time during our visit so we can go over this information together?”

Client to the health care provider: “I want to be respectful of your time, so I would like to let you know upfront that sometime during our visit today, I would like to ask you questions about the recreational drugs that I use. As a person living with HIV, I want to know more about how the drugs might be affecting my health. Do you think we could do that?”

► **Great work!**

Activity 4: How Can I Achieve Perfect Adherence When I Am Drunk or High?

Time

- 15 minutes

Activity Materials

- Blank Notebook Paper
- Handout: SMART Problem-Solving Guidelines
- Worksheet: Applying SMART Problem-Solving

Counselor Note

The purpose of this activity is to problem solve barriers the client has to achieving perfect adherence when drunk or high.

Obstacles to Achieving Adherence

- ▶ **Another important topic that we brought up today is adherence. Adherence means taking medications exactly as prescribed.**
- ▶ **Overall, how is your adherence when you are drunk or high?**
- ▶ **What do you think caused you to skip or be late with doses when you were high or drunk?**
- ▶ **Let's list out some of the reasons why you skip or are late with taking a dose when you are high or drunk.**

Encourage the client to share his or her experience with adherence. On a piece of paper, list the client's reasons.

- ▶ **Thank you for your honesty. This list gives us an idea of what obstacles you have to achieving perfect adherence.**
- ▶ **Is this something you are interested in working on?**
- ▶ **What do you think are some good strategies so you can stay adherent even if you are high or drunk?**



Distribute a copy of the SMART Problem-Solving Guidelines handout and review them with the client.

- ▶ **Let's try using the SMART Problem-Solving Guidelines to help us.**

Distribute the Applying SMART Problem-Solving worksheet to problem solve each barrier. For Example:

State the Problem: When I get drunk I forget to take my medications.

Goal: Make sure to not skip a dose when I get drunk.

Actions:

- If I know I am going to be drinking, set a reminder alarm on my cell phone, watch, or beeper.
- Keep two doses in my bag so I have them on me.
- Carry my medications in a pill box, that way I know if I have or have not taken my medications already.

-
- ▶ **Great work! Now the next step is to try out your solutions. If one of them doesn't work for you, try another action. Finding what will work for you may take time. Be patient with yourself.**

Activity 5: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today we talked about how drugs and alcohol affect your body and interact with your HIV medications. We learned that drugs and alcohol can weaken your immune system, which can make you more susceptible to infections and diseases. We also learned that they can severely interact with your HIV medications and can lower your adherence rate. We discussed how you can assertively talk with your health care providers to get more information specific to the drugs you use. Finally, we identified some barriers to your adherence when you are drunk or high and problem solved your barriers.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to adherence.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Call your doctor or pharmacist and ask him or her a question you have about the drugs you take.**
 - **Try out one of the actions you came up with for staying adherent to your HIV medications.**
 - **Try applying SMART Problem-Solving to a problem you have in your life.**



Suggestions for Weekly Goals - *continued*

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Substance Use Risk Session 5

Handouts

- Assertive Communication Guidelines
- Questions To Ask My Health Care Provider About My Drug Use
- SMART Problem-Solving Guidelines

Worksheets

- Applying SMART Problem-Solving

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ Assertive Communication

My Ideal Feeling Thermometer Range: _____

I. The first component of assertive communication is “What to Say.”

1. Use “I” statements.

- ◆ Put your comments in terms of “I want” or “I need.”
- ◆ DO NOT use “you should.”

2. State what you need.

- ◆ Let the other person know what you want them to do.
- ◆ Avoid misunderstandings.
- ◆ Don’t assume another person can read your mind.

II. The second component of assertive communication is “How to Say It.”

1. Say something positive.

- ◆ It puts people in a better frame of mind.
- ◆ They won’t be defensive.

2. Listen to the other person and show you understand.

- ◆ It helps when others think you can put yourself in their shoes.
- ◆ It can change your own point of view.

3. Provide information they need to know.

- ◆ You may know more about what is important to you than they do.
- ◆ Tell them what you think is important and give them the information they want.

4. State your feelings in a non-hostile way. Use “I” statements. For example, “I feel frustrated because you don’t seem to be listening to me.”

- ◆ If a conversation is not going well with another person, name the feeling, communicate it, and explain it.
- ◆ Anger usually comes when you are feeling uncomfortable – more than a reading of 60 on the Feeling Thermometer. Try to communicate the feelings that you may be experiencing, such as frustration, hurt, rejection fear, or anxiety, when your Feeling Thermometer reading is still low.
- ◆ When a person’s Feeling Thermometer reading is over 60 and he or she is feeling angry, it is common for that person to end up attacking the other person and communicating a blaming message.
- ◆ Your interactions will go more smoothly if you communicate the feelings before they become too uncomfortable, and before they lead to anger.

This Page Intentionally Left Blank.

■ Questions to Ask My Health Care Provider About My Drug Use

What Should I Tell My Doctor Upfront About My Drug Use?

1. Let him or her know all of the substances you use and how often. This should include recreational drugs, alcohol, cigarettes, caffeine, vitamins, supplements, and herbal medicines.
2. Answer all of your doctor's questions honestly.

Questions to Ask:

- As a person living with HIV, how do the drugs I take affect my health?
- I understand that HIV medications can interact with other substances. How will my medications interact with the substances I use?
- Adherence is very important to me, but I tend to skip doses when I'm partying. Am I a good candidate for a low maintenance regimen, like a one-a-day treatment?
- I know that the drug Sustiva can show up as a positive result for marijuana on some urine tests. Will my HIV medications show up as a positive result for drugs?

Additional Questions:

Other Resources To Get Your Questions Answered:

- Talk to your pharmacist.
- Local drug treatment centers:

- Local treatment advocate:

This Page Intentionally Left Blank.

■ SMART Problem-Solving Guidelines

Step 1: S = State the problem

- Is the problem stated clearly? (Writing it down will help you define it clearly.)
- Is it complete?
- What's your read on the Feeling Thermometer when you think about the problem?

Step 2: M = Make a goal

- Exactly what do you want to accomplish? What do you want to change from the way it is now?
- Is the goal stated clearly?
- Is it specific, so you can for sure tell when you have achieved it? (Again, writing it down will help.)
- Are you sure this is the goal you want? Can you make a commitment to working on it?

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- Are these all of the actions you could reasonably take that would achieve your goal?
- Is each action stated clearly?
- Do the actions specify just one thing to do, as opposed to several things at the same time?
- Does each action describe something you will do, as opposed to how you will feel or think? (It's best to have at least three actions to choose from if possible.)

Step 4: R = Reach a decision about which actions you could take

- Have you picked the best course of action, the one with the most pros and the fewest cons?
- How will you get the skills that you need, if you don't have them already?
- How will you get the resources that you need, if you don't have them already?

Step 4: R = Reach a decision about which actions you could take - *continued*

- **Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)**
- **What is going to be your plan for taking the action? What are the specific steps?**
- **What things can get in the way of taking this action and being successful with it? Is there anything you know about for sure that will make it difficult? Is there anything that might go wrong?**
- **What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?**

Step 5: T = Try it and review it

- **Did the action work out as you expected?**
- **Were you successful in taking your action? Completely? Partly?**
- **Would you do anything differently if you were starting again?**
- **Did the action you took achieve the goal you wanted to accomplish? Completely? Partly?**
- **Do you need to make a new plan in order to be successful in taking this action?**
- **Do you need to find a new action that will move you forward toward achieving your goal?**

■ Applying SMART Problem-Solving

Step 1: S = State the problem

Issue # 1

Issue # 2

Step 2: M = Make a goal

Issue # 1

Issue # 2

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

Issue # 1

- ---
- ---
- ---

Step 3: A = Actions - *continued*

Issue # 2

- _____
- _____
- _____
- _____

Step 4: R = Reach a decision about which actions you could take

- **What's the best course of action, the one with the most pros and the fewest cons?**
- **Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)**
- **What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?**

Step 5: T = Try it and review it

- **Did the action work out as you expected?**
- **Were you successful in taking your action? Completely? Partly?**
- **Would you do anything differently if you were starting again?**

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: empowerment, Action, Results!

CLEAR Menu Sessions

**Adherence 1: Understanding My Medications
and Adherence**

This page intentionally left blank.

CLEAR: Adherence 1

Understanding My Medications and Adherence

(70 Minutes)

Session Aims:

- To identify the client's current medication regimen.
- To assess the client's current medication adherence.
- To explore the situations, feelings, and thoughts that affects if and how the client takes his or her medications.
- To practice replacing unhelpful thoughts with **CLEAR** Thoughts in order to support the client's adherence.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

What is My Current Medication Regimen? (10 minutes)

- The purposes of this activity are to assess the client's history with HIV medication and his or her current regimen.

How is My Adherence? (5 minutes)

- The purpose of this activity is to understand client's current level of medication adherence.

What Affects The Way I Take My Medications? (15 minutes)

- The client brainstorms situations, feelings, and thoughts that encourage or discourage adherence. The F-T-D grid is then used to show the relationship between those situations, feelings, and thoughts.

How Can I Use CLEAR Thinking to Improve My Adherence? (15 minutes)

- The purpose of this activity is to increase the client's motivation to improve adherence by replacing unhelpful thoughts with CLEAR Thoughts.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials for Adherence Session 1

Handouts

- None

Worksheets

- F-T-D Grid
- How's My Adherence?
- Using **CLEAR** Thinking to Help with My Medication Adherence
- What Are My Current Medications?

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-in

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer and body reactions, thoughts and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**

Introduction to Today's Session - *continued*

- ▶ **Today we are going to spend some time talking about your current medication regimen. We are also going to talk about what it's like for you to take medications, and your comfort level with taking them. Taking medications is part of life for most people with HIV. Medication can help one live a long life with HIV. However, they only work if people take them exactly as prescribed. People living with HIV may not take their medications as prescribed because of certain feelings, thoughts, and situations associated with their treatment. Today, we will identify some of the thoughts that may get in the way of your perfect adherence and come up with ways to replace those unhelpful thoughts with CLEAR Thoughts so you can become more adherent.**

- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: What is My Current Medication Regimen?

Time

- 10 minutes

Activity Materials

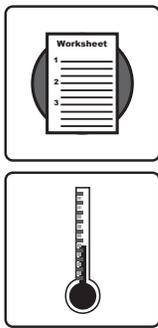
- Worksheet: What Are My Current Medications?

Counselor Note

The purpose of this activity is to gain an understanding of client's current medication regimen. A series of questions are asked to assess the client's history with HIV medication and his or her current regimen.

- ▶ **We will be spending some time talking about your experiences with your HIV medication regimen.**
- ▶ **People with HIV take medications to fight the virus. These drugs are called antiretrovirals.**
- ▶ **Not everyone with HIV disease needs to be on treatment immediately. However, most people eventually will need it. Only a trained health care provider can determine if and when treatment should begin, be changed, or stop.**
- ▶ **Antiretroviral drugs are not a cure for HIV or AIDS. They stop or slow the virus down.**
- ▶ **To be effective, they must be taken exactly as prescribed by a health care provider.**
- ▶ **Adherence means taking your medications exactly as prescribed.**
- ▶ **Medications must be taken until a health care provider gives instructions to stop them.**
- ▶ **Unsafe behaviors can still transmit HIV even if a person is taking antiretroviral medication.**
- ▶ **Some people with HIV take antiretroviral drugs and other medications to prevent diseases that can develop when one's immune system becomes compromised.**

- ▶ **Only a patient and health care provider working as a team can determine if medications are appropriate, which ones to take, and how often to take them.**
- ▶ **Specific medical questions should be addressed to a health care provider. CLEAR teaches skills to make this discussion easier.**
- ▶ **It may be difficult to take medications every day for the remainder of your life.**
- ▶ **For example, the side effects of HIV medications may cause physical discomfort. This discomfort may set off negative or uncomfortable thoughts or feelings, which may lead to actions such as not taking medications or engaging in other unhealthy behaviors. CLEAR is about exploring and understanding the relationship between your feelings, thoughts, and actions.**
- ▶ **In order for me to have a better understanding of what it has been like for you, I would like to ask you some questions about your current HIV medication regimen.**



Distribute the My Current Medication Regimen worksheet. At the top of each column labeled “Medication,” write the name of a medication taken by the client. Get information about the number of pills required, their frequency, restrictions, and the side effects of each medication. Record the information in the corresponding box. Use the Feeling Thermometer to assess the client’s level of comfort with each component of taking medication (i.e. number of pills, frequency, food restrictions, side effects, etc.). Use the following questions as probes to assist the client in completing it.

1. **What medications do you currently take?**
2. **How many pills do you take? How often a day (e.g., morning and evening)? Are there any dosage restrictions (e.g., only take medication with food)?**
3. **Have you been experiencing any side effects? If yes, which ones and for how long? Have you addressed the side effects with your doctor?**
4. **What aspects of your medication regimen put you on 0-25 on the Feeling Thermometer?**
5. **What aspects of your medication regimen put you on 40-60 on the Feeling Thermometer?**
6. **What aspects of your medication regimen put you on 70-100 on the Feeling Thermometer?**

Activity 3: How is My Adherence?

Time

- 5 minutes

Activity Materials

- Worksheet: How's My Adherence?

Counselor Note

The purpose of this activity is to understand client's current level of medication adherence.

- ▶ **Now that I have a better understanding of what your current medication regimen is, I would like to have an open discussion about how you're doing with adhering to your medication.**
- ▶ **Remember, adherence means taking your medications exactly as prescribed.**
- ▶ **Let's talk about what your adherence has been like. Let's just look at today and the two days prior. How many days did you have perfect adherence?**
- ▶ **Perfect adherence means that you weren't late or didn't skip any doses.**



Distribute the How's My Adherence worksheet. Have the client list all of his other medications. (This list can be taken from the What Are My Current Medications worksheet from Activity 2.) Ask the client to put an "X" in the boxes corresponding to days they were completely adherent for each medication.

Note the number of days he or she did achieve perfect adherence, and how many doses were skipped or were late.

- ▶ **I want to congratulate you on the days you achieved perfect adherence! I know it's not always easy to do.**
- ▶ **On the days that you did not reach perfect adherence, which dose(s) did you skip or were you late on?**

Assess for any patterns in skipping or being late (e.g., does the client typically miss their evening dose?)

- ▶ **In a few minutes we'll talk about what was going on during days that you were late or skipped taking your dose.**

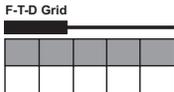
Activity 4: What Affects The Way I Take My Medications?

Time

- 15 minutes

Activity Materials

- Worksheet: F-T-D Grid
- ▶ **Situations, feelings, and thoughts affect if or how a person takes his or her medications. You did a really nice job of describing to me how many days you have had perfect adherence and how many days you have skipped or been late on your dosage.**
- ▶ **Now, I'd like for us to explore which situations, feelings, and thoughts lead you to achieving perfect adherence and which ones lead you to skip or delay taking your medications.**
- ▶ **To get us started, let's brainstorm a list of situations, feelings (Feeling Thermometer reading), and thoughts that lead you to perfect adherence.**



Distribute the F-T-D Grid and use it to create a list of situations, feelings, and thoughts that lead the client to perfect adherence. Possible questions to start the brainstorm:

- Has there been a recent day when you achieved perfect adherence, i.e., A day when you took every pill exactly as prescribed. What do you think it was about that day that allowed you to achieve perfect adherence? Overall, where were you on the Feeling Thermometer that day? What were your thoughts about your medications that day?
- Has there been a recent week when you achieved perfect adherence? What do you think it was about that week that allowed you to achieve perfect adherence? Overall, where were you on the Feeling Thermometer that week? What were your thoughts about your medications that week?
- ▶ **Now let's brainstorm a list of situations, feelings, and thoughts that lead you to skip, stop, or delay taking your medications. Let's talk about what was going on?**

Use the F-T-D grid to create a list of situations, feelings, and thoughts that lead the client to skip, stop, or delay taking medications. Possible questions to start the brainstorm:

- Has there been a recent day when you skipped, stopped, or delayed taking your medications? What do you think it was about that day that led you to skip, stop, or delay? Overall, where were you on the Feeling Thermometer that day? What were your thoughts about your medications that day?

Sample Completed F-T-D Grid:

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action
Stayed with my mother for the week.	25	Refreshed.	I am cared for. There isn't any drama going on. It's easy to stay on top of my routine. My medications are important.	Perfect adherence for the week.
Got in a fight with my boyfriend at his apartment.	100	Clenched jaw, stomach queasy.	My medications can wait. I have other problems I need to deal with.	I was late taking my medications for a couple of days.

- ▶ **These are two really comprehensive lists. Do you notice any patterns?**
- ▶ **Take a look at this grid we filled in. What to you notice? Do you see a relationship between your feelings, thoughts, and actions?**

Encourage the client to explain situations or thoughts that were going on. Discuss possible patterns (e.g., recreational drug use, high stress life emergencies, unexpected circumstances, or a break in his or her daily routine). If the client is unable to see the F-T-D connection, take the lead in explaining your observation.

Sample Completed F-T-D Grid - *continued*

- ▶ **What situations, feelings, and thoughts lead you to perfect adherence?**

- ▶ **What lead you to skip, stop, or delay taking your medications?**

The F-T-D grid will be used during the next activity as well as in Adherence Session 2 in order to help the client cope with potential barriers to perfect adherence. In the next activity, the client learns to apply **CLEAR** Thinking to thoughts identified in the grid that prevent perfect adherence. In the next session, the client practices SMART Problem-Solving as a way of coping with situations that prevent perfect adherence.

If side effects are listed as barriers to client's adherence, discuss the following points:

Unpleasant side effects of medication will impact how you feel about your medications, and if and when you take them. If you have unpleasant side effects with HIV medication, one important step to take is telling your health care provider about them as soon as possible. This is important for two reasons:

1. In a few cases, they may be signs of serious problems that need immediate medical attention.

2. In most cases, once the problems are brought up, solutions can be found to relieve the discomfort.

This page intentionally left blank.

Activity 5: How Can I Use CLEAR Thinking to Improve My Adherence?

Time

- 20 minutes

Activity Materials

- Worksheet: Using CLEAR Thinking to Help with My Medication Adherence
- Worksheet: F-T-D Grid (from previous activity)

Counselor Note

The purpose of this activity is to increase the client’s motivation to improve adherence by replacing unhelpful thoughts with CLEAR Thoughts.

- ▶ **In our previous sessions we’ve been learning how powerful thoughts are. For example, a simple thought like “I am worth it” can make the difference between taking your medications or not.**
- ▶ **We also discovered that some thoughts may limit progress we would like to make. For example, a thought like “Nothing else helps me feel good” can get in the way of staying sober.**
- ▶ **Changing unhelpful thoughts into CLEAR Thoughts can move you toward your goals.**
- ▶ **There are a lot of thoughts about using antiretroviral medications that can reduce your adherence. Here are examples of some unhelpful thoughts. How would you turn them into CLEAR Thoughts?**



Distribute the Using CLEAR Thinking to Help with My Adherence worksheet. Use the four examples of unhelpful thoughts in the “Practice” section of the handout and have the client develop CLEAR Thoughts (reframing, self-talk, and arguing against negative thoughts) to replace the unhelpful thoughts.

CLEAR Thoughts About Medications

Unhelpful Thought: “I don’t take my pills when I am out in public because I don’t want anybody to start asking questions.”

CLEAR Thought: “I can always excuse myself to the bathroom or somewhere private long enough to take my medications. I’ll enjoy myself more if I don’t have to worry about missing a dose.”

Unhelpful Thought: “I hate putting up with the side effects. It’s not worth the aggravation.”

CLEAR Thought: “Side effects are signals that the medications are working! When I distract myself with something interesting to do or to think about, the side effects don’t seem nearly as bad.”

Unhelpful Thought: “I hate to think that I have to take all these pills forever.”

CLEAR Thought: “I don’t have to worry about forever. If I always focus on keeping on schedule one day at a time, the future will take care of itself.”

Unhelpful Thought: “There are too many things to keep track of; this is too overwhelming for me.”

CLEAR Thought: “Keeping focused and staying on schedule with my antiretroviral medications helps me feel in control. I know I am taking charge of my health.”

- ▶ **Do you have any questions about how CLEAR Thinking works?**
- ▶ **Now I’d like for us to take a look at the “thoughts” column in the grid we just created, and come up with possible ways of replacing your unhelpful thoughts with CLEAR Thoughts. Keep in your mind your Ideal Self as you think of CLEAR thoughts to replace your unhelpful thoughts.**

Write each of the client’s unhelpful thoughts on the CLEAR Thinking worksheet and assist him or her with developing CLEAR Thoughts.

- ▶ **How do you think replacing your unhelpful thoughts with CLEAR Thoughts will affect your feelings (Feeling Thermometer and associated physical sensations) and actions?**
- ▶ **How can CLEAR Thoughts support you in being your Ideal Self?**

Engage the client in a discussion.

Activity 6: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today we talked about your current medication regimen and some of the situations, feelings, and thoughts that affect if and how you take your medications. We then practiced replacing your unhelpful thoughts with CLEAR Thoughts in order to support you in improving your adherence.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to adherence.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Make a list of the medications you take and note their dosage, when each dose needs to be taken, and how.**
 - **Take your medications exactly as prescribed for the next three days.**
 - **Write down the negative thoughts you have about taking your medications, and then replace them with CLEAR Thoughts.**
 - **Write a thank you letter to your medications for the work that they do.**



Suggestions for Weekly Goals - *continued*

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Adherence Session 1

Handouts

- None

Worksheets

- F-T-D Grid
- How's My Adherence?
- Using **CLEAR** Thinking to Help with My Medication Adherence
- What Are My Current Medications?

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ F-T-D Grid

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action

This Page Intentionally Left Blank.

This Page Intentionally Left Blank.

■ Using CLEAR Thinking to Help with My Medication Adherence

Practice replacing these unhelpful thoughts with CLEAR Thoughts:

Unhelpful Thought: “I don’t take my pills when I am out in public because I don’t want anybody to start asking questions.”

Unhelpful Thought: “I hate putting up with the side effects. It’s not worth the aggravation.”

Unhelpful Thought: “I hate to think that I have to take all these pills forever.”

Unhelpful Thought: “There are too many things to keep track of; this is too overwhelming for me.”

Practice replacing your unhelpful thoughts about medication with CLEAR Thoughts:

1. Unhelpful Thought: _____

CLEAR Thought: _____

2. Unhelpful Thought: _____

CLEAR Thought: _____

3. Unhelpful Thought: _____

CLEAR Thought: _____

4. Unhelpful Thought: _____

CLEAR Thought: _____

5. Unhelpful Thought: _____

CLEAR Thought: _____

■ What Are My Current Medications?

	Medication	FT Reading						
Name								
No. of Pills								
Frequency								
Restrictions								
Side Effects								

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

**Adherence 2: What Affects The Way I Take
My Medications?**

This page intentionally left blank.

CLEAR: Adherence 2

What Affects The Way I Take My Medications?

(70 Minutes)

Session Aims:

- To review basic facts regarding HIV replication and antiretroviral therapy.
- To provide a rationale for medication adherence.
- To apply SMART Problem-Solving to barriers that challenge perfect adherence.
- To motivate adherence by developing a reward strategy to achieve perfect adherence.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

What are My HIV Medications All About? (15 minutes)

- The purposes of this activity are to clarify basic information and reduce misconceptions about HIV replication and antiretroviral therapy, to provide a rationale for medication adherence, and to standardize terminology used in the intervention. Reviewing and discussing points of information is the method used.

How Can I Use SMART Problem-Solving to Improve Adherence (20 minutes)

- The purpose of this activity is to increase the client's motivation to improve adherence by applying SMART Problem-Solving to identified barriers.

How Can I Plan to Achieve My Adherence Goals? (10 minutes)

- The purposes of this exercise are to develop a back up plan for unexpected life situations that may challenge perfect adherence. The client is encouraged to increase his or her motivation to achieve perfect adherence by setting up a reward system.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials for Adherence Session 2

Handouts

- HIV Medications Information Sheet
- SMART Problem-Solving Guidelines

Worksheets

- Applying SMART Problem-Solving
- F-T-D Grid (completed in Adherence Session 1)

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-In

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer and body reactions, thoughts and actions are related to each other. Understanding how our feelings, thoughts and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**

Introduction to Today's Session - *continued*

- ▶ **Today we are going to review some basic information about HIV and how medications interact with HIV in your body. By understanding how medications work to stop HIV from multiplying in your body, you can better understand why it is important that you take your medications exactly how they are prescribed. We will talk about how medication can help one live a long life with HIV. However, they only work if people take them exactly as prescribed. As we talked about last time, people living with HIV may not take their medications as prescribed because of certain feelings, thoughts and situations associated with their treatment. Today, we will identify some of the barriers that may get in the way of your perfect adherence and come up with ways to problem solve those barriers so you can become more adherent. Finally, we will come up with a reward system to keep you motivated to stay on your treatment schedule.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: What Are My HIV Medications All About?

Time

- 15 minutes

Activity Materials

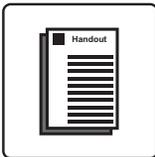
- Handout: HIV Medications Information Sheet

Counselor Note

The purposes of this activity are to clarify basic information and reduce misconceptions about HIV replication and antiretroviral therapy, to provide a rationale for medication adherence, and to standardize terminology used in the intervention. Reviewing and discussing points of information is the method used.

- ▶ **Taking medications is part of life for most people with HIV. Medication can help one live a long life with HIV.**
- ▶ **We spent some time last time talking about your current medication regimen, your medication adherence, and the barriers to achieving perfect adherence.**
- ▶ **Whenever anyone decides to take medications for long periods of time it is important to understand why those medications are necessary. In other words, it is important to understand what they will do and won't do. This can also help in understanding why it is important to be perfectly adherent to your medication.**

Give the client a copy of the HIV Medications Information Sheet handout. Take turns reading each of the four sections. Answer any questions the client may have. If you do not know the answer to the client's questions then write it down and encourage the client to get the answers from his or her health care provider by using the assertive communication skills taught in **CLEAR**.



- ▶ **I have a sheet here with information about HIV and medication that I would like for us to review. Together we will read each point. Jump in any time with questions you may have. Remember to use that assertive communication to get your questions answered.**

If the client has specific questions about his or her regimen or health, do not attempt to answer it. Instead, refer the client to his or her health care provider.

- ▶ **Are there any more questions before we move on? This was a lot of information. What do you think are the important messages in the information we reviewed?**

Acknowledge the client's answers. Make sure to include the following two points, if not mentioned by the client:

- HIV medication is important for keeping the virus from replicating
- It is important to take HIV medications exactly as they are prescribed to get the most out of the treatment and to keep from developing resistance.



Use the Feeling Thermometer to assess the client's comfort level with the discussion.

- ▶ **Talking about HIV and medication can bring up a mix of different emotions and thoughts in people who are HIV positive. I would like to know what came up for you as we reviewed this information. When you think about this discussion, where are you on the Feeling Thermometer?**

Get an answer from the client.

- ▶ **The last point I would like you to remember, especially when staying adherent with your medications gets tough, is this: You are worth it!**

Activity 3: How Can I Use SMART Problem-Solving to Improve My Adherence?

Time

- 20 minutes

Activity Materials

- Worksheet: F-T-D Grid (completed in Adherence Session 1)
- Worksheet: Applying SMART Problem-Solving
- Handout: SMART Problem-Solving

Counselor Note

The purpose of this activity is to increase client’s motivation to improve adherence by applying SMART Problem-Solving to identified barriers. Simple strategies to promote adherence are discussed.

Barriers to Adherence

- ▶ **In our previous session, we talked about some of thoughts and situations that may get in the way of perfect adherence. What is tricky about HIV medications is that they need to be taken exactly as prescribed.**

Refer back to the F-T-D grid completed during the last session, highlighting situations and/or thoughts that led to client skipping or being delayed in taking his or her medication.

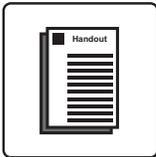
- ▶ **Let’s look at some of the situations you listed last time where you may have skipped or been late on taking your medication. These are situations that have kept you from achieving perfect adherence.**

From the barriers listed on the F-T-D grid (in the situation section), choose a barrier that is moderately uncomfortable for the client. If the list of barriers on the F-T-D grid is small, generate a new list of barriers or situations that kept client from achieving perfect adherence.

F-T-D Grid

If the client is having difficulty identifying barriers, probe with the following questions:

- Are there certain times of the day when it's harder to remember to take your medications?
 - Is it harder to be adherent on the weekends versus weekdays?
 - Are there certain people that affect your adherence?
 - Are you adherent when high or drunk?
 - Do you keep your prescription filled so you don't run out of your medications?
- ▶ **This is a good list.**
 - ▶ **Now that we know in what situations you are most likely to skip, stop, or delay taking your medications we can come up with some options for handling them. We're going to apply SMART Problem-Solving to come up with some options.**



Give the client a copy of the SMART Problem-Solving Guidelines handout and review it.

- ▶ **I'd like us to apply SMART Problem-Solving to a situation that makes you moderately uncomfortable.**



Distribute the Applying SMART Problem-Solving worksheet and use it to work through the situation identified by the client. If time allows, choose another situation to work on.

- ▶ **You came up with some great options for handling situations where you tend to skip, stop, or delay your medications.**

Counselor Note

If the client identifies “forgetting” as one of the barriers to perfect medication adherence, generate the following options:

- Alarm clocks
- Pagers
- Cell phone alarms
- Watch alarms
- Post-it notes
- Calendar
- Trigger objects (e.g. medication container on the counter, stickers, symbols)

This page intentionally left blank.

Activity 4: How Can I Plan to Meet My Adherence Goals?

Time

- 10 minutes

Activity Materials

- Blank Notebook Paper

Counselor Note

The purposes of this activity are to develop a back-up plan for unexpected life situations that may challenge perfect adherence and to increase the client's motivation to achieve perfect adherence by setting up a reward system.

Developing a Back-up Plan

- ▶ **Now that you have a few options to help you achieve perfect adherence, what happens if something unexpected comes up in your life? What if your boss asks you to stay for an extra shift and your medications are lined up at home waiting for you to take with dinner?**
- ▶ **Having a reserve or back-up of medication kept in a safe place at work or with you might keep you adherent when something unexpected happens. And developing a back-up strategy for times of crisis can help you stay keep adherent.**
- ▶ **Can you think of situations where having reserves on hand could prevent you from missing a dose? Where could you keep your reserves?**

Encourage the client to brainstorm. Distribute the notebook paper and have the client write down his or her ideas on notebook paper.

- ▶ **How about when a life crisis strikes? What do you think you could do to keep on track?**
- ▶ **What if you lost your medications? What course of action would you need to take?**

- ▶ **If a life challenge were to present itself, like if you were to lose your housing, where would taking your medications be on your list of priorities? What strategies do you think would help you keep perfect adherence?**

Encourage the client to come up with ideas and write them on the notebook paper. If the client is having difficulty coming up with ideas, suggest the following:

- Don't lose sight of the fact that your medication schedule is still one of your priorities.
 - Take a deep breath, Remember that the crisis will eventually be resolved and that you still need to take care of your health.
 - Let a friend, family member, or someone you trust know that you are working hard on achieving perfect adherence and may need his or her help when you are in the middle of a life emergency. If an emergency arises, be sure to call on your back-up plan to help you remember your schedule.
 - Find out how quickly you could get a refill from your pharmacy or health plan in case you lose them. Keep a reserve somewhere safe to cover the days it takes to get your refill.
- ▶ **Great thinking!**
 - ▶ **As you probably noticed, all these strategies are more common sense than technical. In fact, they are so straightforward that we tend to look right past them.**
 - ▶ **That's why it's important to think through an adherence plan for the barriers most difficult for you, and to put them in place quickly. Of course, the more strategies you use in your plan the more successful your plan is likely to be.**

Developing a Rewards Mechanism

- ▶ **We have one more important point to cover before we wrap up.**
- ▶ **To help keep you motivated, some people find that building in rewards for keeping on their medication schedule helps. I am going to talk about two basic reward systems: self-rewards and reward agreements.**

Developing a Rewards Mechanism - *continued*

- ▶ **The self-reward strategy is a method of rewarding yourself for meeting your goals. Rewards can be claimed at the end of a day you are completely adherent. For example, you could eat your favorite desert on days you've had perfect adherence. Or you can set the rewards up on a week-to-week basis. If you have perfect adherence all week, you get to buy a copy of your favorite magazine or treat yourself to a movie.**
- ▶ **Reward agreements are agreements with another person. You can make a rewards agreement with someone who is concerned and wants to be supportive. When you are completely adherent, a friend gives you a treat for reaching your goal. Rewards don't have to cost anything. They can be a backrub, doing a load of your laundry, taking you for a drive, or spending a morning going for a walk with you.**
- ▶ **What do you think about having a reward system as part of your medication schedule?**
- ▶ **What are some rewards that would keep you motivated through the day or week?**
- ▶ **Do you think there is someone who would want to be part of an award agreement?**

Engage the client in a discussion.

- ▶ **Great work!**

This page intentionally left blank.

Activity 5: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today we talked about some basic information about HIV and how medications interact with HIV in your body. There are three important “take-home” messages in the information that reviewed. They are:**
 1. **HIV medication is important for keeping the virus from replicating.**
 2. **It is important to take HIV medications exactly as they are prescribed.**
 3. **You are worth it.**

- ▶ **We first identified situations when you skip, stop, or delay taking your medications, then applied SMART Problem-Solving to identify options for handling those situations. Finally we came up with some rewards to keep you motivated.**

Praise the client for something positive he or she did during the session. For example, “I really liked that you engaged in every activity we did today.”

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client’s prevention goal related to adherence.

The client’s Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client’s accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today’s session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today’s session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Read the instructions for each of your medications and separate out a dose of each for a back up. Make sure to write on a piece of paper when and how you have to take each dose.**
 - **Set your cell phone alarm to beep, as a reminder, for each dose you have to take. You can set it to vibrate if you want to be discrete.**
 - **Visit your pharmacy or check your health plan to see how quickly you can get a refill in case you lose your medications.**



Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session.

Closing

Announce the day, date, and time of the next session.

- ▶ **Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.**

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

This page intentionally left blank.

Required Materials: Adherence Session 2

Handouts

- HIV Medications Information Sheet
- SMART Problem-Solving Guidelines

Worksheets

- Applying SMART Problem-Solving

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ HIV Medications Information Sheet

What is HIV and What is AIDS?

1. HIV is the virus that causes AIDS. When HIV gets into the bloodstream it invades CD4+ T-cells, or simply T-cells.
2. Once inside T-cells, HIV can make many new copies of itself.
3. The new copies then break out of the T-cells, destroying the T-cells in the process. The new copies then invade other T-cells, and the process of making new copies and destroying the T-cells continues.
4. Eventually, without treatment, the number of T-cells goes down and the number of HIV copies goes up. The number of HIV copies is called “viral load,” and the number of T-cells is called “T-cell count.”
5. When there aren't enough T-cells, the body has a hard time fighting off even minor infections. When the T-cell count gets really low, or the person with HIV starts getting certain infections that the body would normally fight off, they are said to have AIDS.

What do HIV Medications Do?

1. There is no known cure for HIV Disease.
2. Medication and healthy living are the best ways to manage HIV disease, to stay as healthy as possible for as long as possible.
3. Most people living with HIV will eventually be prescribed a combination of medications. A combination of anti-HIV drugs is commonly called Highly Active Anti-Retroviral Therapy, or HAART.
4. Each medication in combination therapy has a specific role in keeping the HIV from making copies of itself. The fewer copies of HIV in the blood, the fewer T-cells will be destroyed.
5. When your blood tests show that your viral load is going down, or that your T-cell count is going up, this means that your medications are working.
6. Many people living with HIV who consistently stick to their medication schedules have gotten their viral load down to what is called “undetectable” levels.
7. While this is great news, be aware that undetectable does not mean that the person is virus free. There is still some HIV in their blood and other body fluids, and they can still infect others. An undetectable viral level does not mean you can return to unprotected sex, or to discontinue medication unless your doctor tells you otherwise.

Why is Staying on Schedule So Important?

1. In order for these medications to work, they need to be taken exactly as prescribed. “Close” is not close enough if the medications are to work at full strength against HIV.
2. Missing a single dose and/or being very late with a dose can sometimes have a negative effect on all future doses of that medication.
3. When you get off schedule with your meds, you give HIV a chance to start making copies of itself again. When this happens, there is a possibility that some of the new copies will be resistant to the medications. Resistance means the HIV will no longer be stopped by the drugs you were taking. Your doctor will then have to come up with another combination of drugs that the virus will respond to.
4. When HIV becomes resistant to one or more types of medications that reduces the options for successful treatment. And staying well becomes more and more challenging.

What Does It Mean to Stay on Schedule?

1. There are three parts to your medication schedule:
 - a. The amount, or dose, of each type of medication you take.
 - b. When you are to take each dose.
 - c. How you are to take each dose.
2. You need to take your medications exactly as prescribed to ensure you get the most out of your treatment and so that you do not develop resistance to your drugs.
3. “Adherence” means taking drugs exactly as prescribed. The goal is to work on improving your medication adherence until you take the right amount of medication, at the right time, and in the right way, all of the time.
4. Here are some examples of what it means to be non-adherent:
 - a. Not taking the total number of pills prescribed for you on a given day.
 - b. You took all the pills you were supposed to take, but you were more than an hour late with one or more of your doses.
 - c. You were supposed to take one of your meds with food, but took a dose with only water.

■ SMART Problem-Solving Guidelines

Step 1: S = State the problem

- Is the problem stated clearly? (Writing it down will help you define it clearly.)
- Is it complete?
- What's your read on the Feeling Thermometer when you think about the problem?

Step 2: M = Make a goal

- Exactly what do you want to accomplish? What do you want to change from the way it is now?
- Is the goal stated clearly?
- Is it specific, so you can for sure tell when you have achieved it? (Again, writing it down will help.)
- Are you sure this is the goal you want? Can you make a commitment to working on it?

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- Are these all of the actions you could reasonably take that would achieve your goal?
- Is each action stated clearly?
- Do the actions specify just one thing to do, as opposed to several things at the same time?
- Does each action describe something you will do, as opposed to how you will feel or think? (It's best to have at least three actions to choose from if possible.)

Step 4: R = Reach a decision about which actions you could take

- Have you picked the best course of action, the one with the most pros and the fewest cons?
- How will you get the skills that you need, if you don't have them already?
- How will you get the resources that you need, if you don't have them already?

Step 4: R = Reach a decision about which actions you could take - *continued*

- **Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)**
- **What is going to be your plan for taking the action? What are the specific steps?**
- **What things can get in the way of taking this action and being successful with it? Is there anything you know about for sure that will make it difficult? Is there anything that might go wrong?**
- **What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?**

Step 5: T = Try it and review it

- **Did the action work out as you expected?**
- **Were you successful in taking your action? Completely? Partly?**
- **Would you do anything differently if you were starting again?**
- **Did the action you took achieve the goal you wanted to accomplish? Completely? Partly?**
- **Do you need to make a new plan in order to be successful in taking this action?**
- **Do you need to find a new action that will move you forward toward achieving your goal?**

■ Applying SMART Problem-Solving

Step 1: S = State the problem

Step 2: M = Make a goal

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- ---
- ---
- ---
- ---
- ---

Step 4: R = Reach a decision about which actions you could take

- What's the best course of action, the one with the most pros and the fewest cons?
- Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)
- What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?

Step 5: T = Try it and review it

- Did the action work out as you expected?
- Were you successful in taking your action? Completely? Partly?
- Would you do anything differently if you were starting again?

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

**Adherence 3: How Can I Discuss Medications with My
Health Care Provider?**

This page intentionally left blank.

CLEAR: Adherence 3

How Can I Discuss Medications with My Health Care Provider?

(70 Minutes)

Session Aims:

- To identify and cope with barriers to communicating with health care providers about HIV medication.
- To demonstrate and practice strategies for discussing medications with health care providers.
- To provide the client with a list of additional community resources that offer treatment advocacy and education.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

How Should I Talk to My Health Care Provider about Medication? (15 minutes)

- In this activity, the client develops a better understanding of the level of communication he or she currently has with his or her health care provider regarding prescription HIV medications. Guidelines to improve patient-provider communication are reviewed and practiced through role-playing.

What Are the Barriers to Discussing Medication with My Health Care Provider? (15 minutes)

- The purpose of this activity is for the client to identify and cope with barriers to discussing medication with his or her health care provider. SMART Problem-Solving and CLEAR Thinking are used to help client effectively cope with potential barriers.

Practice Discussing Medications with My Health Care Provider (15 minutes)

- The purpose of this activity is for the client to apply guidelines on discussing medication with health care provider in order to improve patient-provider communication.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials for Adherence Session 3

Handouts

- Guidelines on Discussing Medication with Your Health Care Provider
- SMART Problem-Solving Guidelines
- Treatment Education Resources (to be developed locally)

Worksheets

- Applying **CLEAR** Thinking in My Communication with My Health Care Provider
- Applying SMART Problem-Solving

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

**Note: We recommend providing the client with a list of local and national treatment education resources. Such resources can answer questions and provide important information about the client's medications and adherence challenges.*

Activity 1: Check-In

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule

If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.



Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer and body reactions, thoughts, and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**

Introduction to Today's Session - *continued*

- ▶ **Today we are going to spend some time learning how to communicate with health care providers about the medications they prescribe for us. Communication is the key to developing a respectful and productive relationship with your health care providers. I want you to get the best treatment available, and to feel comfortable with the treatment you receive. We will also identify and cope with barriers to communicating with your health care provider about HIV medication. Finally, we will practice discussing medications with your health care provider.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: How Should I Talk to My Health Care Provider About HIV Medications?

Time

- 15 minutes

Activity Materials

- Handout: Guidelines on Discussing Medications with Your Health Care Provider
- Handout: Treatment Information Resources (To be prepared in advance)

Counselor Note

In this activity, the client develops a better understanding of the level of communication he or she currently has with his or her health care provider regarding prescription HIV medications. Guidelines to improve patient-provider communication are reviewed and practiced through role-playing.

Prior to the start of this session, prepare the Treatment Information Resources handout. This is a list of local and national resources (e.g., treatment advocate, adherence nurses, or counselors) that the client may access to find answers to treatment questions or adherence challenges.

Communicating with Your Health Care Providers About Your Medications

- ▶ **In this activity, we're going to talk about communicating with your health care providers about your medications. As we have discussed, there are a lot of feelings and thoughts that come with taking medications, so sometimes the communication with providers about medications may not always go the way we would like.**

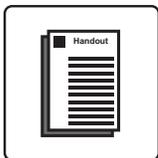


Use the Feeling Thermometer to assess the client's comfort level communicating with health care providers.

- ▶ **What's your experience been with communicating with your health care providers about your prescription medicines? When you think about your discussions with health care providers, where are you on the Feeling Thermometer?**

Use the following questions to engage the client in a discussion about his or her experiences with discussing medications with his or her health care provider.

- ▶ **What is one thing about your communication you like or you are comfortable with?**
- ▶ **What is one thing about your communication you haven't liked or you are uncomfortable with?**
- ▶ **Do you think that your health care provider is good at explaining how to take the medication you receive? I mean information like how much, how often, with what food or beverage, for how long, and what to do if you miss a dose?**
- ▶ **Does he or she explain what side effects to look for?**
- ▶ **Do you tell your provider all the medications and/or drugs you are taking, including alcohol, party drugs, vitamins, traditional medicines, or over-the-counter drugs?**
- ▶ **Thank you for sharing your experiences with me.**



Distribute a copy of the Guidelines on Discussing Medications with Your Health Care Provider handout and review each section of it with the client.

- ▶ **Here are some guidelines on what to tell your physician and what he or she should tell you.**
- ▶ **These guidelines are divided into three sections. As we go through the first two sections, I'd like you to circle the points you already do well. For the third section, I'd like you to circle the points that you think your health care providers do well.**

Communicating with Your Health Care Providers About Your Medications

- continued

- ▶ **There are four basic things to do when discussing medication with a health care provider.**
 1. **Listen carefully.**
 2. **Give information.**
 3. **Ask questions.**
 4. **Double check by stating your understanding of what the health care provider said.**

Ask the client to circle the points he or she already does well.

Guidelines on Discussing Medications with Your Health Care Provider

What should you tell your health care provider when you are being prescribed a medication?

1. Tell your provider any concerns or reservations you have about taking the medication.
2. Tell your provider all the medications you are taking, including alcohol, over-the-counter drugs, recreational or party drugs, vitamins, and other complementary therapies.
3. If you use alcohol or recreational or party drugs, it is essential that your health care provider know this. HIV medications can have fatal or extremely serious interactions with some of these substances.
4. Tell your provider if you have had any bad reactions to medications in the past.
5. Tell your provider if you have had any significant allergies or illnesses.
6. Tell your provider if you are pregnant, plan to become pregnant, or are breast feeding.

Ask the client to circle the points he or she already does well.

What should your doctor tell you when you are being prescribed a medication?

Ask the client to circle the points he or she already does well.

1. Your doctor should tell you the name of the medication.

Most medications have both a generic name and a brand name. Many HIV medications also have a popular name. For example, the antiretroviral lamivudine (generic name) is known both as Epivir® (its brand name) and 3TC (its popular name).

2. Your doctor should tell you why he or she is prescribing the medication. You should know what benefits you may receive and when.
3. Your doctor should tell you how to take the medication, that is, how much, how often, with what, for how long, and what to do if you miss a dose.
4. Your doctor should tell you about possible side effects to your medication and how to recognize and deal with them.

In a few rare cases, side effects can be extremely dangerous and need immediate medical attention. Your provider should inform you of this. If you have questions, ask them!

5. Your doctor should tell you if there are any precautions you should follow (that is, if there are any foods, beverages, activities, other medications, or recreational or party drugs to avoid while on medication).

Ask the client to circle the points he or she already does well.

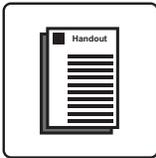
- ▶ **Sometimes, questions about medications don't surface until you've left the clinic and started taking the drugs. A good source of information about the drugs you are taking is the pharmacist from whom you receive them. Pharmacists may be more accessible than other health care providers. They have special training that allows them to give you reliable information.**
- ▶ **If you feel the pharmacy does not provide enough privacy for you to ask your question, telephone the pharmacist with your question.**
- ▶ **If you receive your medication in the mail, you will also receive a toll-free number for you to call if you wish to speak to a pharmacist.**

Guidelines on Discussing Medications with Your Health Care Provider - *continued*

- ▶ **Are there any questions?**

Answer questions and clarify any issues. Review the strategies circled by the client. Praise the client for actively engaging in dialogue with his or her health care providers.

- ▶ **Let's review the points you have circled in the first two sections. Tell me more about these strategies you already use to communicate assertively with your health care providers.**
- ▶ **Do you think these are effective strategies for you? In other words, do they work for you?**
- ▶ **How about the points you have circled in the last section. Do you think your health care providers are giving you enough information about these points?**
- ▶ **Let's spend some more time talking about communicating with providers about medication.**



Distribute a copy of the Treatment Information Resources handout.

This page intentionally left blank.

Activity 3: What are the Barriers to Discussing Medication with My Health Care Provider?

Time

- 15 minutes

Activity Materials

- Handout: Guidelines for Discussing Medications with Your Health Care Provider (from Activity 2)
- Worksheet: Applying SMART Problem-Solving
- Worksheet: Applying **CLEAR** Thinking in My Communication with My Health Care Provider

Counselor Note

The purpose of this activity is for the client identify and cope with barriers to communicating with his or her health care provider about HIV medication. SMART Problem-Solving and **CLEAR** Thinking are used to help client effectively cope with potential barriers.



Use the Feeling Thermometer to assess the client's comfort level.

- ▶ **Let's look at the points you did not circle in the first two sections of the Guidelines for Discussing Medications with Your Health Care Provider handout. Where is your Feeling Thermometer when you think about doing these things with your health care provider?**

Ask client to rank order their comfort level with each of the points that are not circled. Choose a point that makes the client moderately uncomfortable. Ask what the barriers are to carrying out the behaviors.

- ▶ **What makes it uncomfortable to carry out this point?**
- ▶ **Keep your Ideal Self in mind as we figure out how you can overcome this barrier.**

Make a list of the barriers. Identify whether the barriers are thoughts or specific actions.



Distribute the Applying SMART Problem-Solving worksheet and work with the client to complete it.

If the barriers are thoughts, distribute the Applying **CLEAR** Thinking in My Communication with My Health Care Provider worksheet and work with the client to complete it.

Activity 4: Practice Discussing Medications with My Health Care Provider

Time

- 15 minutes

Activity Materials

- None

Counselor Note

The client uses a role-play to practice using guidelines to improve the patient-provider communication while discussing medications.

The role-play in this activity requires that the Counselor play the role of a provider prescribing antiviral medications to a patient. Before the session begins the Counselor should consult the NIH Guidelines for the Use of Antiretroviral Agents in HIV-1-infected Adults and Adolescents found at <http://aidsinfo.nih.gov>. Chose a treatment regimen currently recommended for use in the role-play. Research possible side effects of the medications, the number of pills, and how often they are taken.



Role-Play

- ▶ **Now I want us to practice talking with a physician about taking medication. We are going to do two role-plays.**
- ▶ **Remember the strategies for assertive communication we talked about in our previous session?**
- ▶ **Assertiveness means standing up for your own needs while also being concerned and respectful about the needs of the other person.**
- ▶ **We talked about using “I” statements to state what you need or don’t want. We talked about saying positive things, listening to show understanding, providing helpful information, and stating non-hostile feelings.**



- ▶ **The role-plays we are going to do will be a great opportunity to practice those skills.**
- ▶ **I have a scenario in mind for the first role-play. I would like for you to play the patient and I will play your physician.**

State the goals of the role-play.

TO THE PATIENT:

- ▶ **Your goals are to find out why the doctor wants to give you the medicine, and what its side effects are. Then decide if you are willing to take it.**

The goal of the provider is to change the client's combination therapy.

Role-play for a few minutes. Then obtain feedback. Use the Feeling Thermometer to assess the client's comfort level role-playing the patient.

- ▶ **That was very good.**
- ▶ **How was it being the patient? Where were you on the Feeling Thermometer?**
- ▶ **What was one thing you did that you liked and what was one thing you would have done differently?**
- ▶ **Did you follow the guidelines about discussing HIV medications with a health care provider we discussed earlier?**

Give the client feedback.

- State one thing that the patient did that impressed you.
- State one thing would you have done differently if you had been the patient.
- ▶ **How do you think having a better understanding of the medications you are taking would affect how and if you take them?**
- ▶ **How do you think having better communication with your health care provider, that is being an assertive patient, would affect how and if you take your medications?**

Encourage discussion of ways to communicate with health care providers around medication.

- ▶ **That was a great discussion. Thank you!**



Role-Play - *continued*

Refer the client back to the barrier(s) to discussing medication that were discussed in the last activity. Facilitate an additional role-play that focuses on the area for which the client applied **CLEAR** Thinking or SMART Problem-Solving. Ask the client to role-play the situation using the insights and skills learned in **CLEAR**.

- ▶ **Let's practice with the barrier that we just discussed and the plan you came up with in terms of how you would like to cope with the situation next time.**
- ▶ **Let's review. What would be your goal in the situation?**

Role-play for a few minutes. Then obtain feedback.

- ▶ **That was very good.**
- ▶ **During the role-play, where were you on the Feeling Thermometer?**
- ▶ **What was one thing you did that you liked and what was one thing you would have done differently?**
- ▶ **Did you follow the guidelines about discussing HIV medications with a health care provider discussed earlier?**

Give the client feedback.

- State one thing that the patient did that impressed you.
- State one thing would you have done differently if you had been the patient.
- ▶ **That was great work!**

This page intentionally left blank.

Activity 5: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today we talked about some of your experiences with discussing medications with your health care providers, and then reviewed tips on making that communication more productive. We also identified and barriers to communicating with your health care provider about HIV medication and found ways to cope with such barriers. Finally, we practiced discussing medications with your health care providers.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to adherence.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Write a list of questions about your medications that you would like to ask your provider at your next appointment.**
 - **Write a list of side effects you experience so you can review each one with your provider at your next appointment.**
 - **Speak with a pharmacist or treatment advocate about the medications you are currently taking.**

Suggestions for Weekly Goals - *continued*

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**



Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule

If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session.



Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Adherence Session 3

Handouts

- Guidelines on Discussing Medication with Your Health Care Provider
- SMART Problem-Solving Guidelines
- Treatment Education Resources (to be developed locally)

Worksheets

- Applying **CLEAR** Thinking in My Communication with My Health Care Provider
- Applying SMART Problem-Solving

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ Guidelines on Discussing Your Medications with Your Health Care Provider

Four Things to do: (Circle the points you already do well.)

1. Listen carefully.
2. Give information.
3. Ask questions.
4. Double check by stating your understanding of what the health care provider said.

What should you tell your health care provider when you are being prescribed a medication? (Circle the points you already do well.)

1. Tell your provider any concerns or reservations you have about taking the medication.
2. Tell your provider all the medications you are taking, including alcohol, over-the-counter drugs, recreational or party drugs, vitamins, and other complementary therapies.
3. If you use alcohol, or recreational or party drugs, it is essential that your health care provider know this. HIV medications can have fatal or extremely serious interactions with these substances.
4. Tell your provider if you have had any bad reactions to medications in the past.
5. Tell your provider if you have had any significant allergies or illnesses.
6. Tell your provider if you are pregnant, plan to become pregnant, or are breast feeding.

What Your Doctor Should Tell You When Prescribing You A Medication
(Circle the points your health care provider does well.)

1. Your doctor should tell you the name of the medication. Medications have both a generic name and a brand name. Many HIV medications also have a popular name. For example, the antiretroviral lamivudine (generic name) is known both as Epivir® (its brand name) and 3TC (its popular name)
2. Your doctor should tell you why he or she is prescribing the medication. You should know what benefits you may receive and when.
3. Your doctor should tell you how to take the medication, that is, how much, how often, with what, for how long, and what to do if you miss a dose.
4. Your doctor should tell you about possible side effects to your medication and how to recognize and deal with them.

In a few rare cases, side effects can be extremely dangerous and need immediate medical attention. Your provider should inform you of this. If you have questions, ask them!

5. Your doctor should tell you if there are any precautions you should follow (that is, if there are any foods, beverages, activities, other medications, or recreational or party drugs to avoid while on medication).

■ SMART Problem-Solving Guidelines

Step 1: S = State the problem

- Is the problem stated clearly? (Writing it down will help you define it clearly.)
- Is it complete?
- What's your read on the Feeling Thermometer when you think about the problem?

Step 2: M = Make a goal

- Exactly what do you want to accomplish? What do you want to change from the way it is now?
- Is the goal stated clearly?
- Is it specific, so you can for sure tell when you have achieved it? (Again, writing it down will help.)
- Are you sure this is the goal you want? Can you make a commitment to working on it?

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- Are these all of the actions you could reasonably take that would achieve your goal?
- Is each action stated clearly?
- Do the actions specify just one thing to do, as opposed to several things at the same time?
- Does each action describe something you will do, as opposed to how you will feel or think? (It's best to have at least three actions to choose from if possible.)

Step 4: R = Reach a decision about which actions you could take

- Have you picked the best course of action, the one with the most pros and the fewest cons?
- How will you get the skills that you need, if you don't have them already?
- How will you get the resources that you need, if you don't have them already?

Step 4: R = Reach a decision about which actions you could take - *continued*

- **Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)**
- **What is going to be your plan for taking the action? What are the specific steps?**
- **What things can get in the way of taking this action and being successful with it? Is there anything you know about for sure that will make it difficult? Is there anything that might go wrong?**
- **What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?**

Step 5: T = Try it and review it

- **Did the action work out as you expected?**
- **Were you successful in taking your action? Completely? Partly?**
- **Would you do anything differently if you were starting again?**
- **Did the action you took achieve the goal you wanted to accomplish? Completely? Partly?**
- **Do you need to make a new plan in order to be successful in taking this action?**
- **Do you need to find a new action that will move you forward toward achieving your goal?**

■ Treatment Education Resources

(To be developed locally)

This Page Intentionally Left Blank.

■ Applying CLEAR Thinking in My Communication with My Health Care Provider

Practice replacing these unhelpful thoughts with CLEAR Thoughts:

Unhelpful Thought: “My doctor will judge me or get mad if I tell him that I Have not been perfectly adherent to my medication.”

Unhelpful Thought: “If my doctor gets upset, it is because he cares about my well-being and wants what’s best for me. I’m not the only patient he has who struggles with being perfectly adherent.”

Practice replacing your unhelpful thoughts about medication with CLEAR Thoughts:

1. Unhelpful Thought: _____

CLEAR Thought: _____

2. Unhelpful Thought: _____

CLEAR Thought: _____

3. Unhelpful Thought: _____

CLEAR Thought: _____

4. Unhelpful Thought: _____

CLEAR Thought: _____

5. Unhelpful Thought: _____

CLEAR Thought: _____

■ Applying SMART Problem-Solving

Step 1: S = State the problem

Step 2: M = Make a goal

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- ---
- ---
- ---
- ---
- ---

Step 4: R = Reach a decision about which actions you could take

- What's the best course of action, the one with the most pros and the fewest cons?
- Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)
- What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?

Step 5: T = Try it and review it

- Did the action work out as you expected?
- Were you successful in taking your action? Completely? Partly?
- Would you do anything differently if you were starting again?

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

Stigma 1: How Can I Cope With Internal Stigma?

This page intentionally left blank.

CLEAR: Stigma 1

How Can I Cope With Internal Stigma?

(65 Minutes)

Session Aims:

- To build the client's self-esteem by identifying his or her own unique and positive characteristics.
- To help the client become aware of his or her feelings and thoughts about stigma.
- To practice replacing negative thoughts with **CLEAR** Thoughts as a method for coping with internal stigma.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

Who Am I? (10 minutes)

- The purpose of this activity is to increase the client's self-esteem by highlighting his or her positive and unique characteristics. The client takes an inventory of personal traits, characteristics, and accomplishments he or she is proud of.

How Do I Feel About Stigma? (15 minutes)

- The client explores his or her experiences with stigma. The client then categorizes each of those experiences as either internal or external stigma. The F-T-D grid is used to explore feelings, thoughts, and actions.

CLEAR Thinking. (15 minutes)

- The clients learn how to cope with internal stigma by replacing negative and shaming thoughts with **CLEAR** Thoughts.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials for Stigma Session 1

Handouts

- none

Worksheets

- F-T-D Grid
- My Pride

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- Stigma Cards

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-in

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **Great, I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Today we are going to spend some time talking about stigma and discrimination people living with HIV may experience in their lives. Sometimes, stigma isn’t rooted just in feelings about HIV, but also race, ethnicity, and sexual orientation.**

Introduction to Today's Session - *continued*

- ▶ **It's not easy to change the attitudes of other people. Our sessions are all about focusing on one's own feelings, thoughts, and actions. These are things that you can control to help you handle and possibly change the outcome of uncomfortable situations.**
- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer and body reactions, thoughts, and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: Who Am I?

Time

- 10 minutes

Activity Materials

- Worksheet: My Pride

Counselor Note

The purpose of this activity is to increase the client's self-esteem by highlighting his or her positive and unique characteristics. The client takes an inventory of personal traits, characteristics, and accomplishments she or he is proud of.

Discuss the client's individual uniqueness.

- ▶ **Much of the work we do together is focused on HIV, but there is much more to you than just HIV.**
- ▶ **Every person on this planet is different. Each of us represents a unique story. I would like for us to spend some time thinking about who and what you are as an individual.**
- ▶ **I would like for you to think about your individual uniqueness: your traits, accomplishments, and the decisions that made you who you are. Also, think about your Ideal Self and the parts of your Ideal Self that you already express.**

Distribute the My Pride worksheet.

- ▶ **We'll be using a worksheet called My Pride to make a list of all of the things about yourself that you are proud of.**
- ▶ **Sometimes we can be shy talking about ourselves and the things about ourselves that we are proud of. Please try not to be too shy or modest today!**

Give a personal example.



▶ **Let me give you an example of some of the things about myself that I am proud of:**

List several things about yourself that you are proud of. Some domains that may be used include:

I am proud of

- My family name
- My cultural heritage
- Gender
- Sexual Orientation
- Belief system
- Occupation
- Education
- Roles in life (e.g., son, daughter, aunt, uncle, etc.)
- Relationships
- Things you are good at
- Awards you have won
- Organizations to which you belong
- Goals that you have set and achieved
- Problems that you have solved
- Other achievements

▶ **These are some of the things about myself I'm proud of.**

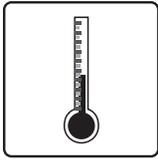
▶ **Do you have any questions?**

Answer all questions. Have the client complete the My Pride worksheet.

When the form is complete, discuss the activity.

▶ **Now I'd like for you to describe some of the things about yourself that you're proud of.**

Allow the client to talk about some of the things he or she is proud of. Have the client list the positive characteristics on the My Pride worksheet.



I am proud of - *continued*

- ▶ **You have shared some impressive things about yourself.**
- ▶ **How do you feel (Feeling Thermometer rating and associated physical sensations) about this discussion? Remember, 100 means you feel extremely uncomfortable and zero means you do not feel at all uncomfortable.**

Elicit feedback from the client.

- ▶ **I want to conclude this activity by pointing out one important fact: No matter how hard they try, no one can ever take from you the things about yourself that you are proud of.**

This page intentionally left blank.

Activity 3: How Do I Feel About Stigma?

Time

- 15 minutes

Activity Materials

- Worksheet: F-T-D Grid

Counselor Note

The client explores his or her experiences with stigma and the feelings associated with those experiences. The client then categorizes each of those experiences as either internal or external stigma. The F-T-D grid is used to analyze experiences with stigma.

Introduce Stigma

- ▶ **Today’s session is about stigma.**
- ▶ **Stigma means to be rejected and devalued because of a label that someone else has put on you.**
- ▶ **To begin our discussion, I would like to know if you think people living with HIV are stigmatized. How so?**

Distribute the F-T-D Grid worksheet and use it to analyze the discussion.

- ▶ **Have you ever seen a person react with prejudice against someone who is HIV positive? Or over heard someone saying something discriminatory about people living with HIV?**

List the client’s response in the “Situation” column.

F-T-D Grid

Probe with the following questions to complete the remainder of the grid.

- When you witnessed this how did you feel (Feeling Thermometer and associated physical sensation)?
- What thoughts went through your mind?
- What did you do?
- ▶ **Can you think of a recent time when you personally experienced HIV stigma and prejudice? What happened?**

List the client's response in the "Situation" column.

Probe with the following questions to complete the remainder of the grid.

- How did you feel (Feeling Thermometer and associated physical sensation)?
- What thoughts went through your mind?
- What did you do?
- ▶ **Do you ever have negative or unhelpful thoughts about yourself because you are HIV positive? What I mean by that are thoughts that make you feel uncomfortable.**

List the client's response in the "Thoughts" column.

Probe with the following questions to complete the remainder of the grid.

- In what situations do you have these thoughts?
- How do you feel in these situations (Feeling Thermometer and associated physical sensation)?
- How do you act in these situations?
- ▶ **I am wondering if the stigma you have experienced affected the choices you have made in your life.**
- ▶ **Do you think you behave differently when you think you might be judged for being HIV positive?**
- ▶ **Do your negative or unhelpful thoughts about your HIV status affect what you might say or how you might behave?**

Encourage a discussion, and point out the association between feelings, thoughts, and actions.

Introduce Stigma - *continued*

- ▶ **Thank you for sharing. I would like us to take a look at these stigma experiences and identify each one as either external or internal stigma.**
- ▶ **External HIV stigma is a situation when an external source expresses, portrays, or treats HIV positive persons negatively because of their status. The media, family, friends, religious institutions, the workplace, the health care system, are examples of possible sources of external stigma.**
- ▶ **Internal stigma involves making negative judgments about yourself because you have HIV. Or it can be agreeing with some of the negative social judgments as part of your identity. For example, you might say to yourself, “I used to have a bright future, but now I have no future. I’m such a loser for getting HIV.”**

Work with the client to identify external and internal stigma on the F-T-D grid. Mark an “E” next to statements that represent external statements and an “I” next to statements that represent internal stigma.

For Example:

- “E” Situation: I heard someone say that only people who are gay have HIV.
- “E” Situation: I have to use a separate plate when I have dinner at my parent’s house.
- “I” Thought: I can understand why people wouldn’t want to be friends with me. I don’t deserve to have any friends.
- “I” Thought: I am so ashamed of having HIV. I just want to hide from the rest of the world.

Coach the client as necessary.

- ▶ **Great. Let’s talk about how your life might be different if external stigma did not exist? If all of these stigmas that have an “E” next to them disappeared into thin air, how would your life be different?**
- ▶ **Where would your Feeling Thermometer be?**
- ▶ **How would your thoughts change?**
- ▶ **How would your actions change?**





- ▶ **How about for your internalized stigma? If all of these negative or unhelpful thoughts disappeared into thin air, how would your life change?**
- ▶ **Where would your Feeling Thermometer be?**
- ▶ **How would your thoughts change?**
- ▶ **How would your actions change?**

Engage in a discussion with the client. Encourage him or her to think about how his or her life would change in a broad sense, as well as specifics. Ask for examples if answers need clarification.

- ▶ **That was an interesting discussion. Thank you.**

Activity 4: CLEAR Thinking

Time

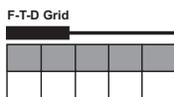
- 15 minutes

Activity Materials

- Worksheet: My Pride (from Activity 2)
- Worksheet: F-T-D Grid (from Activity 3)
- Stigma Cards

Counselor Note

The clients learn how to cope with internal stigma by replacing negative and shaming thoughts with **CLEAR** Thoughts. Clients may have experience dealing with other forms of stigma; for example, stigma related to ethnicity, sexual orientation, or poverty. Successes in these areas can be highlighted to build confidence and translate the coping skills for HIV.



- ▶ **Today we are going to learn a skill to handle your internalized stigma. And because of our time limit, in our next session we will learn skills to handle external stigmas.**

Refer to the My Pride worksheet and the “Thoughts” column of the F-T-D grid related to internal stigma situations.

- ▶ **Let’s look at the two lists we came up with so far. What I find interesting is that some of the negative thoughts you have about yourself conflict with so many of the wonderful characteristics that make up who you are.**

Point out any conflicts that exist between the two worksheets.

- ▶ **We will be referring to elements of the My Pride worksheet to help us replace some of the negative thoughts you’ve expressed with CLEAR Thoughts.**
- ▶ **To show you how this works, I have a stack of Stigma Cards. On each card is a stigma statement. These statements are to be read as “stigma thoughts” that have popped into your head. For each stigma thought I would like for you to replace it with a CLEAR Thought.**

- ▶ For example, if my card said, “I am ashamed because I may have given HIV to other people,” what could I say to argue against that?
- ▶ Well, I might say, “If I did, it wasn’t intentional. I didn’t even know I had it at the time. I’m not the kind of person who would intentionally hurt someone else.”
- ▶ Have you got the idea?
- ▶ Okay, let’s get started.

Review the stigma cards and remove any that are not appropriate for the client. Hand the stigma cards to the client and have him or her client pull a card one at a time. Coach the client on arguing against the negative thought on each card as needed. Remind the characteristics of client of his or her Ideal Self.

The Stigma Cards are as follows:

1. I guess getting the virus is God’s way of punishing me.
 2. If I weren’t sexually attracted to other men, I wouldn’t be HIV positive.
 3. I’m so ashamed that I’m HIV positive, I can’t face anybody.
 4. I’ve been partying hard for years. Now that I have HIV, I guess my sins are finally catching up with me.
 5. I used to have sex with anyone. It’s my fault that I am HIV positive. I’m so stupid.
 6. Having HIV brands me for life. The best thing for me to do is to crawl into a hole and disappear.
- ▶ **Good job. Now I would like us to apply this skill to the negative thoughts in the F-T-D grid.**
 - ▶ **Coach the client in coming up with CLEAR Thoughts to replace negative thoughts.**
 - ▶ **How is your Feeling Thermometer different when you replace your negative thoughts with CLEAR Thoughts?**
 - ▶ **How do CLEAR Thoughts affect how you might act?**

Engage the client in a discussion.

- ▶ **Good work. Thank you.**

Activity 5: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today, we talked about stigma, a painful topic that can create intense emotions. First, we took a personal inventory of your unique and positive characteristics that make up who you are because you are more than just a person with HIV. Then, we explored your feelings and thoughts about stigma using the F-T-D grid and learned how to replace shaming statements with CLEAR Thoughts.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Refer to the client's prevention goal related to stigma.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Make an effort to live by your guidelines for living, and record how you did each day.**
 - **Replace negative or shaming thoughts with CLEAR Thoughts.**
 - **Teach a friend how replace negative or shaming thoughts with CLEAR Thoughts.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Suggestions for Weekly Goals - *continued*

- ▶ I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.



Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session.

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Stigma Session 1

Handouts

- None

Worksheets

- F-T-D Grid
- My Pride

Laminated Cards and Additional Items

- Stigma Cards

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ F-T-D Grid

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action

This Page Intentionally Left Blank.

This Page Intentionally Left Blank.

■ Stigma Cards



“I guess getting the virus is God’s way of punishing me.”

1



“If I weren’t sexually attracted to other men, I wouldn’t be HIV positive.”

2

This Page Intentionally Left Blank.

■ Stigma Cards



“I’m so ashamed that I’m HIV positive, I can’t face anybody.”

3



“I’ve been partying hard for years. Now that I have HIV, I guess my sins are finally catching up with me.”

4

This Page Intentionally Left Blank.

■ Stigma Cards



“I used to have sex with anyone. It’s my fault that I am HIV positive. I’m so stupid.”

5



“Having HIV brands me for life. The best thing for me to do is to crawl into a hole and disappear.”

6

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

Stigma 2: How Can I Deal With External Stigma?

This page intentionally left blank.

CLEAR: Stigma 2

How Can I Deal With External Stigma?

(60 Minutes)

This session is a continuation of “How Can I Cope with Internal Stigma?” The “How Can I Cope with Internal Stigma?” session defines stigma and teaches clients to cope with internal stigma. This session teaches the client to deal with external stigma.

Session Aims:

- To increase the client’s confidence in handling external stigma.
- To practice **CLEAR** Thinking as a strategy to handle stigmatic situations.
- To learn the rights of people living with HIV or AIDS.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

How Can I Use CLEAR Thinking to Handle External HIV Stigma? (20 minutes)

- CLEAR Thinking is introduced as a strategy for managing a stigmatic situation more effectively. The client practice CLEAR Thinking through role-playing.

What Are My Rights As A Person Living With HIV or AIDS? (15 minutes)

- In this activity, the client reviews rights and responsibilities as related to employment, housing, and sex.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials for Stigma Session 2

Handouts

- Denver Principles
- My Rights as a Person Living with HIV or AIDS: Frequently Asked Questions (FAQs) (to be prepared in advance with local information)

Worksheets

- F-T-D Grid (completed in Stigma Session 1)

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- **CLEAR** Thinking Scenarios
- Safe-Talk Scripted Role-Play: Patient and Receptionist

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-in

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer and body reactions, thoughts, and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or STIs.**

Introduction to Today's Session - *continued*

- ▶ **In our last session, we spent our time doing three things. First, we explored your unique and positive characteristics that make up who you are; then, we explored your thoughts and feelings about internal and external HIV stigma; and lastly, you learned how to replace negative statements with CLEAR Thoughts.**
- ▶ **Today we are going to continue on with our work and focus on handling external HIV stigma. We will learn and practice using CLEAR Thinking to handle difficult situations. Then we will talk about your rights as a person living with HIV or AIDS.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: How Can I Use CLEAR Thinking to Handle External HIV Stigma?

Time

- 20 minutes

Activity Materials

- Worksheet: F-T-D Grid (completed in Stigma Session 1)
- Laminated Cards: CLEAR Thinking Scenarios

Counselor Note

CLEAR Thinking is introduced as a strategy for managing stigmatizing situations more effectively. The client practices CLEAR Thinking through role-playing. Keep in mind that stigma is a sensitive topic and it important for the client to feel heard and understood. The Counselor should avoid minimizing the client’s experience with stigma. Focus on validating the fact that stigma and discrimination exist and the client may not always have control over it. Strategies are taught which empower the client to feel more comfortable in situations and to feel, think, and behave in accordance with his or her Ideal Self characteristics.

External HIV Stigma

- ▶ **External HIV stigma is a situation when an external source expresses, portrays, or treats people with HIV negatively because of their HIV. The media, family, friends, religious institutions, the workplace, and the health care system are all examples of possible sources of external stigma.**
- ▶ **In our last session we talked about internal HIV stigma experiences you’ve faced.**

Review the F-T-D Grid created in Stigma Session 1.

- ▶ **You’ve had some time to think about our discussion from last week. Are there any other situations you wanted to add to the grid?**

Explore additional situations brought up by the client. List additional situations on the F-T-D grid.

F-T-D Grid

- ▶ **Last time we applied CLEAR Thinking to argue against your negative thoughts. Today, we're going to learn and practice applying it to get you through tough situations.**
- ▶ **When we're in difficult situations, such as when someone acts or says something discriminatory, our Feeling Thermometer may shoot up and negative or unhelpful thoughts may come to mind. As a result our actions will be affected and we may not handle the situation in the best possible way. For example, we might get into a fight or we might completely shut down and isolate ourselves.**
- ▶ **What is interesting about thoughts is that we have them all the time. We may not be aware of it, but we are constantly talking to ourselves.**
- ▶ **For example, on my way to meeting you today I was talking to myself, saying "I better leave early to beat the traffic, I don't want to be late and keep [client's name] waiting. Do I have everything I need? I have pens, and the workbook..."**
- ▶ **We talk to ourselves on a daily basis and we can use this technique to our advantage especially when stigma is present. When our Feeling Thermometer is high and our thoughts become negative or unhelpful for handling the situation we can replace them with CLEAR Thoughts.**
- ▶ **Sometimes a situation can't be changed. However, we can cope with the situation more effectively based on what we say to ourselves about the situation and make the most out of it.**
- ▶ **Here's an example of how to talk to yourself with CLEAR Thoughts in a difficult situation. Let's read this script together. You can play the receptionist, I'll play the patient.**



Scripted Role-Play: Patient and Receptionist

Receptionist: Come over here!

Patient: (SAY AS IF TALKING TO YOUR SELF) “Don’t let this receptionist annoy me. My Feeling Thermometer is at a 40 and starting to creep to a 45. I need to stay cool. Take a deep breath. Smile. Get out of here as fast as possible.”

What is it?

Receptionist: How is your health these days?

Patient: (SAY AS IF TALKING TO YOUR SELF) “Stay focused on giving him (her) quick and easy answers. I’m here to see the doctor, not him (her). Take a deep breath. Don’t let him get to me.”

Fine.

Receptionist: Are you really fine?

Patient: (SAY AS IF TALKING TO YOUR SELF) “Easy does it. I can handle this. It’s not worth my time to get in an argument. Don’t talk back to him, it will only provoke him (her).”

Yes. I am doing fine.

Receptionist: Really? Your health is holding up?

Patient: (SAY AS IF TALKING TO YOUR SELF) “Ignore the way he (she) says that. Stay focused on my goal. Take another deep breath. I don’t like this guy so I need to exit the situation. Stay cool.”

Yes, my health is OK. I’m here to see the doctor. I will be in the waiting area. I would appreciate if you could let me know when my turn is up.

Receptionist: Yeah I will call your name. Take care of your health and don’t pass anything around.

Patient: (SAY AS IF TALKING TO YOUR SELF) “I did pretty well. I stayed cool and stuck to my plan. I was able to keep my Feeling Thermometer at a 45, and now it’s back down to 40. I am happy with the way the situation turned out. Great, now I need to accomplish what I came here to do!”

Thank you. I will.

The End

► **Great. What else did you notice the patient did?**

Point out that the patient also monitored his or her Feeling Thermometer, took deep breaths (relaxation), and used assertive communication.

Ask the client about experiences with other sources of stigma such as ethnicity, sexual orientation, poverty, or drug use. Ask about successes in dealing with the experiences. Take a couple minutes to discuss before moving to the HIV scenarios.

► **Now let’s practice using CLEAR Thinking! Here are several scenarios where CLEAR Thinking could be helpful. We’ll practice a few of these and then apply it to the experience on the grid. Go ahead and use other skills, like relaxation and assertive communication, too!**

Using the CLEAR Thinking Scenarios laminated cards, read each difficult situation and have the client respond to the situation using CLEAR Thinking. Coach as needed.

CLEAR Thinking Scenarios

1. You are going to meet a new romantic interest with whom you’ve shared a few enjoyable dates. You sense that this may be the last date, however, because the pressure of dating someone living with HIV seems too great for your new friend.
2. Your health care provider has just told you that your viral load is skyrocketing and you are failing therapy. Your provider thinks you are skipping your medications because you have a reputation for being a heavy partier and you’re “just like most treatment failures.”
3. You are losing your cool with the clerk in the pharmacy. It’s Saturday, you have only one day’s supply of medications left, and the pharmacy forgot to call in your prescription renewal. The clerk says you’re like other HIV patients, “demanding, pushy, and unprepared.”

CLEAR Thinking Scenarios - *continued*

4. You are in a class on AIDS. The teacher asks who's impacted by HIV. A classmate says "queers who are irresponsible and minorities who would rather get HIV than work."
5. You've started spending some time volunteering and have met a lot of great people. As you get to know them better, you are worried about if and how to tell them you have HIV and what their reaction will be.
6. A new youth minister has convened a fun group of like-minded young adults. After several meetings, you're alone with the minister and disclose your HIV status. After your disclosure, there is a very long pause.

▶ **That was very good.**

▶ **Now let's practice using with the experiences you shared.**

Review each external stigma experience on the F-T-D grid and coach the client in using the Feeling Thermometer, Ideal Self, **CLEAR** Thinking, Assertive communication, and relaxation.

▶ **That was an excellent role-play and a great discussion. Thank you very much.**

F-T-D Grid

This page intentionally left blank.

Activity 3: What Are My Rights As A Person Living With HIV or AIDS?

Time

- 20 minutes

Activity Materials

- Handout: My Rights as a Person Living with HIV or AIDS: Frequently Asked Questions (to be completed in advance with local information)

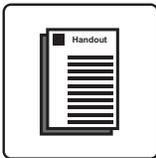
Counselor Note

In this activity, clients use a Frequently Asked Questions handout to review their rights as a person living with HIV or AIDS. Additionally, clients will become aware of the larger, global HIV/AIDS community that actively works to promote the rights of people living with HIV or AIDS.

The purpose of this activity is to give general information about the client's legal rights around housing, employment, and sex. If the client has specific issues that he or she would like to discuss, put him or her in touch with his or her case manager or a legal expert.

- ▶ **As a person living with HIV you have federal laws that protect you from discrimination related to housing, employment, federal assistance, use of public transportation or other public areas, voting, and other important issues. There are also additional State laws unique to [STATE NAME] that outline your rights and responsibilities.**
- ▶ **In this activity we're going to talk about your rights and responsibilities in three areas: employment, housing, and sex.**

Give the client a copy of the Frequently Asked Questions handout. Review each question and answer.



Employment

Q: Can I be denied a job or fired for being HIV positive?

A: No. Your rights related to employment are protected under the Americans with Disabilities Act or ADA, which is a federal law. A person with HIV/AIDS, or even suspected of HIV, is considered under the ADA to have a disability. ADA applies to businesses that have 15 or more employees. Under the ADA, you have the same rights and access to opportunities available to others. You cannot be discriminated against during recruitment or when applying for a job, hiring, promotions, training, pay, job assignment, and social activities.

There may be additional state laws that protect the rights of people living with HIV/AIDS. Call _____ at # ____ - ____ - ____ to get that information.

Q: Do I have to disclose my status when applying for a job? How about after I am hired?

A: No. ADA protects you from having to disclose your status at any time, whether you are applying for a job or after you've been hired.

Q: Can I be asked about my status during a job interview or on an application? How about to take an HIV test?

A: No. A future or current employer cannot ask you your status or any questions aimed at figuring out if you have any disabilities, which includes HIV/AIDS. For example:

- Do you have any health problems which would make it difficult for you to do this job?
- What medications do you take?

They also cannot ask you to take an HIV test. HIV is not transmitted in a general workplace setting. Asking someone to take an HIV test or to disclose their status is unnecessary and illegal.

Q: Lately I've been experiencing medical problems due to my HIV infection. Can I ask my employer to make special accommodations so I can still work?

A: Yes. Under the ADA, people living with HIV have the right to ask their employer to modify or adjust job requirements or workplace policies in order to allow for them to perform their duties. This is called "reasonable accommodation." An example of a reasonable accommodation request is asking your employer for an adjustment to your work schedule to accommodate doctor appointments.

Employment - *continued*

There isn't a fixed list of "reasonable accommodations" and each request is reviewed on a case by case basis. It is the responsibility of the employee/worker to request the accommodation. However, just because a request has been made, it doesn't mean that it will be fulfilled. An employer may turn down the request if it will cause "undue burden," such as, it is financially too expensive to fulfill the request, or it somehow disrupts the business.

If you think your denied request does not cause undue burden, ask your case manager about how to access free or low cost legal services.

Housing

Q: Can I be denied housing because of my HIV status? Can I be evicted because of my status?

A: No. The Fair Housing Act is a federal law that prohibits housing discrimination on the basis of race, color, religion, sex, disability, familial status, and national origin. It covers private housing, housing that receives federal financial assistance, and State and local government housing. It is illegal to discriminate against selling or renting housing to a person who is living with HIV or AIDS.

Additionally, your landlord cannot harass, evict, or refuse to renew your lease because you are HIV positive.

Q: I've developed a medical condition due to my HIV infection. Can I make modifications to my apartment to help me out?

A: Yes. However, the modifications must be "reasonable" and you should speak with your landlord and come up with an agreement before you do anything.

Under the Fair Housing Act, your landlord may not:

Refuse to let you make reasonable modifications to your dwelling or common use areas, at your expense, if necessary for the disabled person to use the housing. (Where reasonable, the landlord may permit changes only if you agree to restore the property to its original condition when you move.)

Refuse to make reasonable accommodations in rules, policies, practices or services if necessary for the disabled person to use the housing.

Example: A building with a “no pets” policy must allow a visually impaired tenant to keep a guide dog.

Q: Where can I get more information on my housing rights?

A: You can call the Department of Housing and Urban Development office nearest you.

The nearest office is located in _____ and their phone number is ____ - ____ - ____.

Your case manager may also have additional resources for you.

Sex

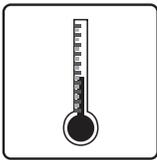
Q: Do I need to disclose my HIV status with my sex partners?

A: Laws about sex and disclosure are decided on at the State level.

For the State of _____, the law says that:

Insert legal information about disclosure in the client's state of residence.

- ▶ **That was a lot of information, so you can keep this FAQ handout for future reference.**
- ▶ **When you think about these laws, where is your Feeling Thermometer?**

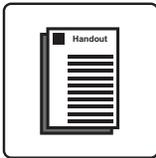


Engage in a brief discussion about the client's thoughts on these laws.

- ▶ **I would like to know how you respond in situations when you think you have been treated unfairly or discriminated against? Are you more likely to communicate aggressively, assertively, or passively?**
- ▶ **In general, if you come across an unfair or discriminatory situation it's best to:**
 - **Keep calm. Relax and don't overreact.**
 - **Communicate assertively.**
 - **Assess the situation. What is the real issue at hand?**
 - **Problem solve the situation. Is there a way work around the situation? Possibly speak with a different person?**

Beyond Legalities

- ▶ **While there are many laws that exist to protect the rights of people living with HIV, discrimination still exists. Encountering discrimination is painful and laws can't protect us from the hurt.**
- ▶ **While it may at times feel lonely to be HIV positive, especially if you do not yet have a strong support system, you are part of a larger, global community of people living with HIV. Many in this larger community actively work to ensure the rights of people living with HIV are protected and work to change our social climate to diminish social, cultural, and familial discrimination.**



Give the client a copy of the Denver Principles handout. Allow the client a few minutes to look over them and ask if he or she has any questions or comments.



- ▶ **I want to share with you something called the Denver Principles. They were developed by people living with HIV or AIDS. Although these Principles were developed in 1983, they are still as relevant and empowering today.**
- ▶ **When you think about the Denver Principles, where is your Feeling Thermometer?**

Engage the client in a brief discussion.

This page intentionally left blank.

Activity 4: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **We started off today by learning how to use CLEAR Thoughts to handle stressful, stigmatic situations. Then we reviewed your legal rights and responsibilities as they relate to employment, housing, and sex. Lastly, I gave you a copy of the Denver Principles, which articulate your rights and responsibilities as a human being, beyond the legalities.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to stigma.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Get more information about support groups for people living with HIV in my area.**
 - **Before the next session, share and discuss the Denver Principles with a friend or family member.**
 - **Practice using CLEAR Thinking to handle uncomfortable situations.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Suggestions for Weekly Goals - *continued*



- ▶ I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session.

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Stigma Session 2

Handouts

- Denver Principles
- My Rights as a Person Living with HIV or AIDS: Frequently Asked Questions (FAQs) (to be prepared in advance with local information)

Laminated Cards and Additional Items

- CLEAR Thinking Scenarios
- Safe-Talk Scripted Role-Play: Patient and Receptionist

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ The Denver Principles

There is no better way to cite the history of the movement for the self-empowerment of people living with HIV than to quote the principles articulated in Denver in 1983. They are as relevant and powerful today as they were then.

We condemn attempts to label us as “victims,” a term which implies defeat, and we are only occasionally “patients,” a term which implies passivity, helplessness, and dependence upon the care of others. We are “People With AIDS.”

Recommendations for all People:

1. Support us in our struggle against those who would fire us from our jobs, evict us from our homes, refuse to touch us or separate us from our loved ones, our community or our peers, since available evidence does not support the view that AIDS can be spread by casual, social contact.
2. Not scapegoat people with AIDS, blame us for the epidemic or generalize about our lifestyles.

Recommendations for People Living with AIDS:

1. Form caucuses to choose their own representatives, to deal with the media, to choose their own agenda and to plan their own strategies.
2. Be involved at every level of decision-making and specifically serve on the boards of directors of provider organizations.
3. Be included in all AIDS forums with equal credibility as other participants, to share their own experiences and knowledge.
4. Substitute low-risk sexual behaviors for those which could endanger themselves to their partners; we feel people with AIDS have an ethical responsibility to inform their potential sexual partners of their health status.

Rights of People Living with AIDS:

1. To as full and satisfying sexual and emotional lives as anyone else.
2. To quality medical treatment and quality social service provision without discrimination of any form including sexual orientation, gender, diagnosis, economic status or race.
3. To full explanations of all medical procedures and risks, to choose or refuse their treatment modalities, to refuse to participate in research without jeopardizing their treatment and to make informed decisions about their lives.

Rights of People Living with AIDS - *continued*

4. To privacy, to confidentiality of medical records, to human respect and to choose who their significant others are.
5. To die—and to LIVE—in dignity.

■ My Rights as a Person Living with HIV or AIDS: Frequently Asked Questions (FAQs)

(To be completed in advance with local information)

Employment

Q: Can I be denied a job or fired for being HIV positive?

A: No. Your rights related to employment are protected under the Americans with Disabilities Act or ADA, which is a federal law. A person with HIV/AIDS, or even suspected of HIV, is considered under the ADA to have a disability. ADA applies to businesses that have 15 or more employees. Under the ADA, you have the same rights and access to opportunities available to others. You cannot be discriminated against during recruitment or when applying for a job, hiring, promotions, training, pay, job assignment, and social activities.

There may be additional state laws that protect the rights of people living with HIV/AIDS. Call _____ at # ___ - ___ - ____ to get that information.

Q: Do I have to disclose my status when applying for a job? How about after I am hired?

A: No. ADA protects you from having to disclose your status at any time, whether you are applying for a job or after you've been hired.

Q: Can I be asked about my status during a job interview or on an application? How about to take an HIV test?

A: No. A future or current employer cannot ask you your status or any questions aimed at figuring out if you have any disabilities, which includes HIV/AIDS. For example:

- Do you have any health problems which would make it difficult for you to do this job?
- What medications do you take?

They also cannot ask you to take an HIV test. HIV is not transmitted in a general workplace setting. Asking someone to take an HIV test or to disclose their status is unnecessary and illegal.

Q: Lately I've been experiencing medical problems due to my HIV infection. Can I ask my employer to make special accommodations so I can still work?

A: Yes. Under the ADA, people living with HIV have the right to ask their employer to modify or adjust job requirements or workplace policies in order to allow for them to perform their duties. This is called "reasonable accommodation." An example of a reasonable accommodation request is asking your employer for an adjustment to your work schedule to accommodate doctor appointments.

Employment - *continued*

There isn't a fixed list of "reasonable accommodations" and each request is reviewed on a case by case basis. It is the responsibility of the employee/worker to request the accommodation. However, just because a request has been made, it doesn't mean that it will be fulfilled. An employer may turn down the request if it will cause "undue burden," such as, it is financially too expensive to fulfill the request, or it somehow disrupts the business.

Typically, a request involves a signed letter from a physician saying that you are being treated for a disabling condition that requires a specific type of reasonable accommodation that is then described. The exact diagnosis of your disabling condition, e.g., HIV disease, does not need to be mentioned in the physician's letter. Some physicians need to be reminded of this fact.

Before you make a decision to make a request, talk to someone who has experience with this. You can ask your case manager about how to access free or low cost legal services locally.

You can also get advice from the ADA by calling any of these three numbers. Ask to be linked to a regional center that provides HIV/AIDS-related ADA information.

1-800-949-4232

1-800-514-0301

1-800-514-0383 (TTY/TDD)

Housing

Q: Can I be denied housing because of my HIV status? Can I be evicted because of my status?

A: No. The Fair Housing Act is a federal law that prohibits housing discrimination on the basis of race, color, religion, sex, disability, familial status, and national origin. It covers private housing, housing that receives federal financial assistance, and state, and local government housing. It is illegal to discriminate against selling or renting housing to a person who is living with HIV or AIDS.

Additionally, your landlord cannot harass, evict, or refuse to renew your lease because you are HIV positive.

Q: I've developed a medical condition due to my HIV infection. Can I make modifications to my apartment to help me out?

A: Yes. However, the modifications must be "reasonable" and you should speak with your landlord and come up with an agreement before you do anything.

Under the Fair Housing Act, your landlord may not:

- Refuse to let you make reasonable modifications to your dwelling or common use areas, at your expense, if necessary for the disabled person to use the housing. (Where reasonable, the landlord may permit changes only if you agree to restore the property to its original condition when you move.)
- Refuse to make reasonable accommodations in rules, policies, practices or services if necessary for the disabled person to use the housing.

Example: A building with a “no pets” policy must allow a visually impaired tenant to keep a guide dog.

Q: Where can I get more information on my housing rights?

A: You can call the Department of Housing and Urban Development office nearest you.

The nearest office is located in _____ and their phone number is ____ - ____ - ____.

Your case manager may also have additional resources for you.

Sex

Q: Do I need to disclose my HIV status with my sex partners?

A: Laws about sex and disclosure are decided on at the State level.

For the State of _____, the law states that:

This Page Intentionally Left Blank.

■ CLEAR Thinking Scenarios

Directions: Print each situation on a 4x6 card and laminate the cards to protect them from damage caused by repeated use.



You are going to meet a new romantic interest with whom you've shared a few enjoyable dates. You sense that this may be the last date, however, because the pressure of dating someone living with HIV seems too great for your new friend.

1



Your health care provider has just told you that your viral load is skyrocketing and you are failing therapy. Your provider thinks you are skipping your meds because you have a reputation for being a heavy partier, and you're "just like most treatment failures."

2

This Page Intentionally Left Blank.

Directions: Print each situation on a 4x6 card and laminate the cards to protect them from damage caused by repeated use.



You are losing your cool with the clerk in the pharmacy. It's Saturday, you have only one day's supply of medications left, and the pharmacy forgot to call in your prescription renewal. The clerk says you're like other HIV patients, "demanding, pushy, and unprepared."

3



You are in a class on AIDS. The teacher asks who's impacted by HIV. A classmate says "queers who are irresponsible and minorities who would rather get HIV than work."

4

This Page Intentionally Left Blank.

Directions: Print each situation on a 4x6 card and laminate the cards to protect them from damage caused by repeated use.



You've started spending some time volunteering and have met a lot of great people. As you get to know them better, you are worried about if and how to tell them you have HIV and what their reaction will be.

5



A new youth minister has convened a fun group of like-minded young adults. After several meetings, you're alone with the minister and disclose your HIV status. After your disclosure, there is a very long pause.

6

This Page Intentionally Left Blank.

■ Scripted Role-Play: Patient and Receptionist

Receptionist: Come over here!

Patient: (SAY AS IF TALKING TO YOUR SELF) “Don’t let this receptionist annoy me. My Feeling Thermometer is at a 40 and starting to creep to a 45. I need to stay cool. Take a deep breath. Smile. Get out of here as fast as possible.”

What is it?

Receptionist: How is your health these days?

Patient: (SAY AS IF TALKING TO YOUR SELF) “Stay focused on giving him (her) quick and easy answers. I’m here to see the doctor not him (her). Take a deep breath. Don’t let him get to me.”

Fine.

Receptionist: Are you really fine?

Patient: (SAY AS IF TALKING TO YOUR SELF) “Easy does it. I can handle this. It’s not worth my time to get in an argument. Don’t talk back to him, it will only provoke him (her).”

Yes. I am doing fine.

Receptionist: Really? Your health is holding up?

Patient: (SAY AS IF TALKING TO YOUR SELF) “Ignore the way he (she) says that. Stay focused on my goal. Take another deep breath. I don’t like this guy so I need to exit the situation. Stay cool.”

Yes, my health is OK. I’m here to see the doctor. I will be in the waiting area. I would appreciate if you could let me know when my turn is up.

Receptionist: Yeah I will call your name. Take care of your health and don’t pass anything around.

Patient: (SAY AS IF TALKING TO YOUR SELF) “I did pretty well. I stayed cool and stuck to my plan. I was able to keep my Feeling Thermometer at a 45, and now it’s back down to 40. I am happy with the way the situation turned out. Great, now I need to accomplish what I came here to do!”

Thank you. I will.

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

Disclosure 1: Should I Disclose My Status?

This page intentionally left blank.

CLEAR: Disclosure 1

Should I Disclose My Status?

(65 Minutes)

Session Aims:

- To identify the client's comfort level with HIV disclosure.
- To assess the advantages and disadvantages of HIV disclosure.
- To examine how HIV disclosure can reduce stress, increase social support, and buffer stressful situations.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

What Do I Feel About HIV Disclosure? (10 minutes)

- The client describes positive and negative experiences of disclosing his or her HIV status, and shares comfort levels and thoughts about HIV disclosure.

Disclosure: Advantages and Disadvantages (10 minutes)

- The client brainstorms advantages and disadvantages of HIV disclosure in a variety of life situations.

Who Needs to Know? (20 minutes)

- The client brainstorms a variety of people to whom he or she might disclose his or her HIV status. Using this list, the client assesses the difficulty and importance of disclosing to each person on the list using the Disclosure Importance/Ease Grid.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials for Disclosure Session 1

Handouts

- Local Laws on HIV Disclosure (to be prepared in advance)

Worksheets

- Advantages and Disadvantages to Disclosure
- Disclosure Comfort/Importance Grid
- Disclosure Target: Advantages and Disadvantages
- F-T-D Grid

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-in

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ◆ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ◆ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **Great, I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer and body reactions, thoughts, and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or a sexually transmitted infection (STIs).**

Introduction to Today's Session - *continued*

- ▶ **We're going to use feelings, thoughts, and actions to help us think about the topic of HIV disclosure. HIV disclosure is a topic that people living with HIV face throughout their life. It occurs with many different people and can be a source of anxiety. It can also be the start of an overwhelming amount of support. Most of the time, there's a sense of relief once it's been done. Sometimes the reaction one receives can be surprising.**
- ▶ **A big part of living with HIV and staying healthy is dealing with uncomfortable situations. Feeling confident about how to make disclosure decisions is a very powerful skill for making sure that you are in control of your life. Today we are going to talk about some of our disclosure experiences, think about how to assess the advantages and disadvantages of disclosure, and think about the people we will encounter in life whom we probably will want to tell we're HIV positive.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: How Do I Feel About HIV Disclosure?

Time

- 10 minutes

Activity Materials

- Worksheet: F-T-D Grid

Counselor Note

The client describes positive and negative experiences of disclosing his or her HIV status, and shares comfort levels and thoughts about HIV disclosure.

- ▶ **For our session today, I would like to talk about disclosure in a broad sense. We are going to discuss disclosure not only with your sexual partners, but also friends, family members, health care providers, and others.**
- ▶ **While HIV disclosures can often be very uncomfortable, at other times they can be comfortable. There may be advantages and disadvantages to disclosing your HIV status. For example, HIV disclosure may protect you and other people, and help you to obtain services and care that you need. On the other hand, HIV disclosure may sometimes result in stigma.**
- ▶ **I'd like to begin by asking you to share with me a personal experience of HIV disclosure to another person. Describe for me a time when you told that person that you have HIV. It can be an experience that you feel went really well or one that was really rocky.**

Listen to the disclosure story and clarify confusing or incomplete details as necessary.

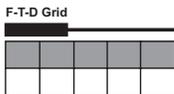
If the client states that he or she has never disclosed his or her HIV status to anyone, ask if he or she has ever disclosed any personal information to others (i.e., pregnancy, sexual orientation, etc.).



- ▶ **That was a powerful story. Thank you very much for sharing it.**

Distribute the F-T-D Grid worksheet. Work with the client to complete it.

- ▶ **Now let's use the F-T-D grid to understand your feelings, meaning level of discomfort, thoughts, and actions before, during, and after the disclosure.**
- ▶ **What was your reading before/during/after the disclosure?**
- ▶ **What physical symptoms did you experience?**
- ▶ **What thoughts went through your mind before/during/after the disclosure?**
- ▶ **What did you do before/during/after the disclosure?**



Sample Completed F-T-D Grid

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action
Before the disclosure	100	Shaky hands.	I'm scared. What if my mom gets angry, or what if she cries? She's going to be so disappointed.	Smoked more cigarettes than usual.
During the disclosure	100	Queasy stomach.	I can't believe I am telling her. Should I back out?	Told her about my HIV.
After the disclosure	50	Relaxed and smiling.	I am so relieved. That was really tough. I can't believe I just told her.	Went for a walk with my mom.

Sample Completed F-T-D Grid - *continued*

- ▶ **The F-T-D grid is a great tool for understanding your level of discomfort and the thoughts about sharing your status with various people and in different situations.**
- ▶ **By understanding your feelings and thoughts you can better prepare for a successful disclosure.**

This page intentionally left blank.

Activity 3: Disclosure: Advantages and Disadvantages

Time

- 10 minutes

Activity Materials

- Worksheet: Advantages and Disadvantages to Disclosure

Counselor Note

The client brainstorms advantages and disadvantages of HIV disclosure in a variety of life situations.

- ▶ **Disclosing one's HIV status can have advantages and disadvantages. They're different for each person who does the disclosing and also depending on to whom you are disclosing.**
- ▶ **Assessing the pros and cons is helpful to any situation when you are trying to make a decision. It is a skill you can bring to any disclosure.**

Distribute the Advantages and Disadvantages to Disclosure worksheet.

- ▶ **Let's take some time to do some brainstorming about the pros and cons. I have a worksheet here, and I will jot down your answers as we go along.**
- ▶ **What were the advantages and disadvantages of the disclosure you just described?**
- ▶ **What are some other possible advantages and disadvantages to HIV disclosure?**



Possible Advantages of Disclosing

- Can make negotiating abstinence or safer sex easier.
- Can make accessing better health and dental care easier.
- Reduces loneliness, stress, denial, and isolation.
- Allows other people to be supportive.
- Don't have to carry the burden alone.
- May make for a closer relationship with the other person.
- Can then develop cooperative ways to handle demands.
- Can plan for the future with people close to me.
- The person being told could learn from others in a shocking and hurtful way, instead of being told by you.
- Don't have to be on guard as much.
- People may resent you if they hear it from others.
- Can provide others accurate information about the disease.
- Family can be less isolated and get support.
- Can feel part of a worldwide group of people living with HIV.
- Can advocate on behalf of one's needs better.
- Can feel better about self by being completely honest.

Possible Disadvantages of Disclosure

- May lose people you care about.
- May lose access to romantic or sexual partners.
- Can't be 100% positive how people will react. The other person may not keep the secret.
- Family and friends may experience stigma.
- Family and friends may want to know personal things about you (e.g., sexual behaviors or drug use).
- Prejudiced people may retaliate.
- When telling others, may feel guilty and bad.

Possible Disadvantages of Disclosure

- continued

- People may make assumptions about you (e.g., gay, drug user, reckless, promiscuous, etc.).
- Family may suffer from stigma and rejection if others find out.
- It may lead to a frightening discussion of getting sicker.
- May feel and experience discrimination from employment or in the workplace.
- ▶ **Those are good lists of advantages and disadvantages.**
- ▶ **The advantages and disadvantages of HIV disclosure really vary from situation to situation and individual to individual.**
- ▶ **When you think about your personal future, it's clear that there will be many potential people in your lives to disclose your HIV status to. Weighing possible advantages and disadvantages is an important skill that can help to make for good disclosure decisions and experiences.**
- ▶ **This was a great activity. Thank you!**

This page intentionally left blank.

Activity 4: Who Needs to Know?

Time

- 20 minutes

Activity Materials

- Handout: Local Laws on HIV Disclosure (to be prepared in advance)
- Worksheet: Disclosure Comfort/Importance Grid
- Worksheet: Disclosure Target: Advantages and Disadvantages

Counselor Note

The client brainstorms a variety of people to whom he or she might disclose his or her HIV status. Using this list, the client assesses the comfort level and importance of disclosing to each person on the list using the Disclosure Comfort/Importance Grid.

Brainstorm Targets of Disclosure

- ▶ **Living a long life with HIV means that there will be many people who may need to know you are HIV positive, or with whom you wish to share this part of yourself.**
- ▶ **Think for a minute about your life now and your life as you imagine it in the future. Let's brainstorm a list of potential people in our lives with whom the issue of HIV disclosure may come up with.**
- ▶ **For now, let's not focus on actual individuals; let's focus on different types of people in your lives. For example, instead of focusing on your particular friend, Maria, just say "a friend."**
- ▶ **Who are some people in your life with whom the issue of HIV disclosure may come up?**



Distribute the Disclosure Comfort/Importance Grid worksheet. Work with the client to generate a list of people in his or her life with whom the issue of HIV disclosure may come up. Write the people in the column on the worksheet labeled “Disclosure Targets.” The list may include:

- Health care provider
 - Dentist
 - Family member
 - New friend
 - Romantic interest
 - Sexual interest
 - Religious or faith leader
 - Employer
 - Teacher
- ▶ **We will be using this grid for the remainder of our activity. Let’s begin by writing down some of the people in your life with whom the issue of HIV disclosure may come up.**
- ▶ **This is a good list. Thank you!**

Assess Comfort Level and Importance of Disclosure Targets



Use the Feeling Thermometer to assess the client’s comfort with disclosing to each disclosure target that has been identified. Write the client’s Feeling Thermometer reading in the column on the worksheet labeled “Feeling Thermometer.”

- ▶ **Where is your Feeling Thermometer rating when you think about disclosing to the first person on your list? The second person?**
- ▶ **What is it about these disclosures that make you feel intense discomfort?**
- ▶ **How could you make the disclosure more comfortable?**
- ▶ **Is it important to tell each of these people? When I say “important” I mean it is important for you personally or important for your health.**

Assess Comfort Level and Importance of Disclosure Targets - *continued*

Go through the list of disclosure targets and have the client assess if disclosure to each target is important or not. Write the client's answer on the worksheet column labeled "Important Yes/No."

Assess the Pros and Cons of Disclosure that Cause Moderate Discomfort

Review the worksheet with the client. Identify disclosure targets that are important to the client and that cause moderate discomfort on the Feeling Thermometer (i.e., a reading of 40-60). From these, ask the client to select one disclosure target they would like to discuss.

- ▶ **We are focusing on people that you are moderately uncomfortable disclosing to because we don't want this to be too easy or too difficult for you.**
- ▶ **In the last activity you listed some of the advantages and disadvantages of HIV disclosure in general. Now, let's focus on the individual you have identified. What are the advantages and disadvantages of disclosing to this particular individual?**



Distribute the Disclosure Target: Advantages and Disadvantages worksheet.

- ▶ **We'll use this worksheet to help us. Try to come up with the advantages and disadvantages of disclosing to this person that really matter to you.**
- ▶ **Whether you disclose or not is your decision. We will discuss when and how to make HIV disclosures in the next session.**

Repeat the exercise with additional targets if time allows. Remember that the purpose of this activity is to model assessing pros and cons as a step in decision making.

Counselor Note

The purpose of this section is to provide important information that clients need to know. Presenting this information in a matter-of-fact manner with no editorial comment may advance the process. Some clients may have a strong negative reaction to mention of these laws. They may perceive them as stigmatizing or unfair. If this occurs, the counselor should empathize with any feelings expressed and then refocus the client's energy on the next activity. Prior to the start of the session, the counselor should investigate their local and state laws regarding disclosure of HIV status to sexual and/or needle-sharing partners. Use this information to prepare the optional handout on HIV disclosure law.

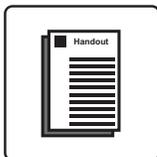
Legal Issues Related to Disclosure: Willful Exposure

Discuss legal issues related to disclosure.

- ▶ **There is an important legal issue related to disclosure I need to mention.**
- ▶ **Consider this when you are thinking about whether or not to disclose your HIV status to your sex partners.**
- ▶ **Some states, about half, have laws that make not telling your partner a crime under certain conditions. These are often called “willful exposure” laws. This means you knowingly expose someone to HIV without telling the person.**
- ▶ **Another thing to think about is the possibility that a sex partner may bring a civil lawsuit against you if you did not let that person know that you are HIV-positive.**
- ▶ **Such laws are seldom applied, and nondisclosure lawsuits are seldom filed, but they are nonetheless something to keep in mind.**

Say whether or not your state has a “willful exposure” law. If there is such a law in your area, describe its basic provisions.

Give the client the optional handout on Local Laws on HIV Disclosure.



Legal Issues Related to Workplace Disclosure

- ▶ **There are a few important points about workplace disclosures of HIV I want to bring up now.**
- ▶ **Disclosing your HIV status to your employer or co-workers may result in great support and encouragement.**
- ▶ **However, it may also result in unexpected stigma or even illegal discrimination.**
- ▶ **There may be times when you need reasonable accommodation to store or take medications, take extra rest breaks, or attend extra health care appointments.**
- ▶ **People living with HIV meet the definition of disability in the Americans with Disabilities Act (ADA). To access reasonable accommodation, a formal request must be made of employers. Typically, this involves a signed letter from a physician saying that you are being treated for a disabling condition that requires a specific type of reasonable accommodation that is then described. The exact diagnosis of your disabling condition, e.g., HIV disease, does not need to be mentioned in the physician's letter. Some physicians need to be reminded of this fact.**
- ▶ **Workplace HIV disclosures have many different facets. They can be complicated. They should always be decided on an individual basis after a consultation with a trusted person who is also knowledgeable about the law.**

This page intentionally left blank.

Activity 5: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today we talked about disclosing one's HIV status to other people. First, we shared some personal experiences of telling another person about being HIV positive. Then we listed some of the advantages and disadvantages of HIV disclosure. We discussed potential HIV disclosure situations in our futures and how easy and important they may or may not be. We generated a list of tips of how to make difficult disclosures easier.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to disclosure.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Make up a list of people with whom you would like to share your HIV positive status and list why you want this person to know.**
 - **Talk to a friend about the advantages and disadvantages of telling your sexual partner you're positive.**



Suggestions for Weekly Goals - *continued*

- Write a story or poem about one of your HIV disclosure experiences.
- Discuss whether or not to tell someone whose advice you respect.

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.



Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule

If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session.

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Disclosure Session 1

Handouts

- Local Laws on HIV Disclosure (to be prepared in advance)

Worksheets

- Advantages and Disadvantages of Disclosure
- Disclosure Comfort/Importance Grid
- Disclosure Target: Advantages and Disadvantages
- F-T-D Grid

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ Local Laws on HIV Disclosure

(To be developed locally)

This Page Intentionally Left Blank.

■ Advantages and Disadvantages of Disclosure

Advantages	Disadvantages

This Page Intentionally Left Blank.

■ Disclosure Comfort/Importance Grid

Disclosure Comfort/Importance Grid		
Disclosure Targets	Feeling Thermometer	Importance Yes/No

This Page Intentionally Left Blank.

■ Disclosure Target: Advantages and Disadvantages

Disclosure Target: Advantages and Disadvantages

Target: _____

Advantages	Disadvantages

This Page Intentionally Left Blank.

F-T-D Grid

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

**Disclosure 2: When and How Should I Disclose
My HIV Status?**

This page intentionally left blank.

CLEAR: Disclosure 2

When and How Should I Disclose My HIV Status?

(60 Minutes)

Session Aims:

- To review guidelines for HIV disclosures.
- To learn a disclosure strategy and practice it through role-playing.
- To learn a new relaxation technique to reduce discomfort and regulate emotions.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

Review of “Whether to Disclose Your Status” Session (5 minutes)

- In this activity some of the concepts and materials developed in the previous session are reviewed.

Practicing Disclosure (25 minutes)

- The “Guidelines for Disclosure” are reviewed and practiced through role-playing.

Relaxation (5 minutes)

- The client learns a relaxation technique.

What’s Next? (15 minutes)

- The purposes of this activity are to reinforce today’s learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials for Disclosure Session 2

Handouts

- Guidelines for Disclosing That You are HIV Positive
- Relaxation Sequence: On the Beach

Worksheets completed in Disclosure Session 1

- Advantages and Disadvantages of Disclosure
- Disclosure Comfort/Importance Grid
- F-T-D Grid
- Disclosure Target: Advantages and Disadvantages

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-in

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **Great, I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce you to today’s session topic.**
- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer and body reactions, thoughts, and actions are related to each other. Understanding how our feelings, thoughts and actions affect each other can help us to make healthy choices, to think and act like our Ideal Self, to have less stress, and to protect ourselves and other people from transmitting or acquiring HIV or a sexually transmitted infection (STI).**

Introduction to Today's Session - *continued*

- ▶ **Today we are going to continue the HIV disclosure discussion we began last time we met. I want to share some tips about HIV disclosure with you and give you the opportunity to practice disclosure by doing some role-plays. The role-plays will give you the opportunity to plan and try out a disclosure strategy.**
- ▶ **We will end today's session with a relaxation activity.**
- ▶ **Any questions before we get started**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: Review of “Whether to Disclose Your Status” Session

Time

- 5 minutes

Activity Materials

- Worksheets completed in Disclosure Session 1
 - ◆ Advantages and Disadvantages of Disclosure
 - ◆ Disclosure Comfort/Importance Grid
 - ◆ F-T-D Grid
 - ◆ Disclosure Target: Advantages and Disadvantages

Counselor Note

In this activity some of the concepts and materials developed in the previous session are reviewed.

Review the worksheets completed during the first session on disclosure.

- ▶ **Before we get started on today’s session, let’s review some of what we did the last time we met.**
- ▶ **Last time, we developed this list of advantages and disadvantages of sharing your status with others. We also developed a list of people in your life with whom the issue of HIV disclosure may come up. For each person on that list, you weighed the pros and cons for sharing your status with that person, and then decided if it was important and comfortable to tell.**
- ▶ **Here is the grid we filled out. Is there anything you want to change?**
- ▶ **Do you have any questions before we move on?**

Answer any questions that the client has.

This page intentionally left blank.

Activity 3: Practicing Disclosure

Time

- 25 minutes

Activity Materials

- Handout: Guidelines for Disclosing That You Are HIV Positive

Counselor Note

The “Guidelines for Disclosure” are reviewed and practiced through role-playing.

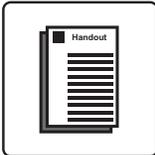
Disclosure Guidelines

- ▶ **Last time you came up with some ideas on how to make uncomfortable disclosures more comfortable. We’re going to build on your suggestions and practice different strategies.**

Give the client a copy of the Guidelines for Disclosing that You Are HIV Positive handout.

Instead of reading each point, guide a brief discussion for each bullet point.

- Who would you like to tell? Who do you think needs to know?
- What are some things to consider before you tell? How can you prepare in advance?
- What are some things to consider as you are telling someone?
- What do you think is the best approach for telling someone?



Guidelines for Disclosing That You are HIV Positive

Who to Tell

Some people you might want to tell include:

- Sexual partners. If they're at risk, they should know you're HIV positive. They should know so they can get tested.
- Health care providers. Doctors, nurses, nurse practitioners, and alternative healers all need to know. They might be at risk for infection. You want the best care you can get. If they don't know you have HIV, you might not get the best care.
- Anyone who can help you plan your future. Tell anyone who will help you decide what happens to your possessions, children, apartment or house.
- Anyone who can help you right now. Tell anyone who can help you out if you're sick.
- Anyone who's important in your life.

These are all important people to tell. But you do not have to tell anyone if you don't want to. You only have two obligations: You need to take care of your health, and you should not put others at risk.

Before You Tell

Here are some things to think about before telling someone you have HIV:

- Will they keep the news to themselves? Don't tell if you think they'll tell others without your permission.
- Are they in a position to make your life difficult? They might react badly. For instance, your landlord could make apartment life uncomfortable. HIV discrimination is illegal, but it happens.
- Will you get beat up or worse? Don't put yourself in any danger.

Guidelines for Disclosing That You are HIV Positive - *continued*

When to Tell Someone You Have HIV

Knowing when to tell can be hard. Here are some things to think about:

- Why do you want the person to know?
- Are you prepared for all the possible responses they could have?
- Are you prepared to have the person reject you?
- Are you prepared to have the person feel much closer to you?
- Are you prepared for all the emotions this talk might bring up?

Be prepared to give the person a lot of support. This might seem strange since you're the one with HIV. You've known for a while, though. They're just finding out.

How to Tell Someone You Have HIV

When you tell someone you have HIV, they'll usually take their cues from you. If you're calm about dealing with HIV, they will be calm. If you're not ashamed of having HIV, they won't think it's anything to be ashamed of. It's important to "be in the right space" beforehand. You have a lot of control over the outcome.

- Make sure the time is right. Don't rush into it and don't rush through it.
- Make sure the place is right. Find a private spot.
- Let the person know beforehand. Tell them you have something very important to discuss.
- Make sure the time is right for you. If you don't feel well, try to reschedule.
- Practice in advance. Rehearse with a friend what you will say.
- Be honest and direct. Beating around the bush doesn't make it easier.
- Ask how the other person is feeling. Knowing what emotions you are dealing with can help you cope.
- End with a discussion of the next step. This helps move the conversation along and give you a graceful exit if necessary.

You are not responsible for how they respond. No matter how they react, they'll probably need time to think.

Sometimes it's appropriate to disclose your HIV status in a letter. Try to follow up with a phone call or a visit to find out how the person is reacting. If you write and don't follow up, they may feel cut off. Give them a chance to respond.



Unscripted Role-Play

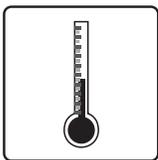
- ▶ **Now we are going to practice telling someone by doing some role-playing. For our first role-play, I will be the one telling. Who would you like to be?**

Suggest the client play the role of someone from the grid completed during Disclosure Session 1. Select someone who client is moderately uncomfortable (40-60 on the Feeling Thermometer) disclosing to. Using the guidelines, model the role-play.

- ▶ **Great. How did you feel as the person receiving the news? Where was your Feeling Thermometer? What thoughts were going through your mind?**
- ▶ **What is one thing that you liked about the disclosure, what is something that you would have done differently?**

Encourage the client to share his or her feelings and thoughts.

- ▶ **Now I would like for you to practice telling me. What person would you like me to play? It can be someone from the grid you completed who you are moderately uncomfortable disclosing to or it can be some other specific person. I will play the role of that person.**



If the client selects a new person, assess the client's Feeling Thermometer in response to disclosing to this person. Make sure that client is moderately uncomfortable disclosing to the identified person.

If the client expresses that he or she is not ready yet to disclose, validate and normalize the client's feelings. State that the activity merely provides an opportunity for the client to practice disclosure so that if and when the client is ready and comfortable about disclosing, he or she may feel more prepared.

Unscripted Role-Play - *continued*

Do as many role-plays as time allows. After each role-play, debrief by asking the following questions:

- How did you feel, meaning your Feeling Thermometer reading and associated physical sensations, throughout the disclosure?
- What is one thing that you liked about the disclosure?
- What is one thing that you would do differently?
- What was comfortable and what was uncomfortable to do?

Encourage discussion.

Remind the client that the guidelines for disclosure are intended to help him or her feel more prepared and comfortable about disclosure. However, there are no guarantees about the outcome of the disclosure experience. Regardless of how well-prepared and comfortable the client may be, the disclosure experience may still not turn out as he or she may have liked.

This page intentionally left blank.

Activity 4: Relaxation Technique

Time

- 5 minutes

Activity Materials

- Handout: Relaxation Technique: On The Beach

Counselor Note

Some clients may find the discussion of disclosure uncomfortable. **CLEAR** emphasizes that thoughts and feelings produce body responses. This activity is designed to help the client relax.

- ▶ **You've worked really hard today. Let's spend some time relaxing.**
- ▶ **Over and over again relaxation has been shown to help people deal with many emotions, as well as tension.**
- ▶ **There is even evidence to show that relaxation can strengthen the immune system in people with HIV.**
- ▶ **Relaxation can help you think through the pros and cons of disclosure. It can also reduce your discomfort before sharing your status with someone. You can even build in some relaxation during your disclosure, such as taking in a few deep breaths or tightening and relaxing tense muscles. Relaxation may also help when you are evaluating the advantages and disadvantages of disclosing your HIV status. The more comfortable and relaxed you are, the more likely it is that you will be able to think and assess a situation clearly.**
- ▶ **I want to share with you a technique that can help you relax before and after a disclosure. It's a visualization activity. I'll give you instructions on what to do.**



Relaxation Sequence: On The Beach

Get yourself in a comfortable position. *Pause.*

Observe your breathing. *Pause.*

Now, breathe out deeply three times.

One. *Pause.*

Two. *Pause.*

Three. *Pause.*

Close your eyes, if you wish, as we take a little journey.

You are in a little house by the beach. *Pause.*

You open the door to the deck, and, before you can even step outside, the sun greets you warmly.

See how blue the sky is. *Pause.*

Just a few wispy clouds.

Smell the tangy salt air. *Pause.*

You walk to the edge of the deck and step down into the fine white sand.

Feel the warm sand between your toes. *Pause.*

You hear the surf breaking and the sea gulls crying.

See the waves slowly rolling on the shore. *Pause.*

You walk on the soft sand, moving closer to the ocean, and spread your towel.

You sit watching the soothing rhythm of the sea.

Breathe in and out. *Pause.*

In and out. *Pause.*

In and out. *Pause.*

You lie there on the empty beach.

Your whole body becomes one with the sun, waves, sand, and sky.

Can you see the gulls gliding without effort, nodding on the breeze as if they were asleep? *Pause.*

Relaxation Sequence - *continued*

Can you see the gulls gracefully swoop and bank and turn?

Pause.

Feel the breeze blowing softly, cooling, and cleansing you.

You seem to sink into the sand.

Can you feel your breath becoming deep and slow? *Pause.*

Can you feel your heartbeat--regular, an easy rhythm, strong?

Pause.

You rest. *Pause.*

You rest a little longer. *Pause.*

Slowly you sit up. *Pause.*

You see a little purple shell carved by the sea, so that it seems to have magical writing on it.

Put it in your pocket.

You stand up. *Pause.*

Walk slowly back to the beach house. *Pause.*

The sand covers your feet and you dig with your toes.

You are almost at the step to the deck.

Step up. *Pause.*

You look back at the ocean feeling so refreshed.

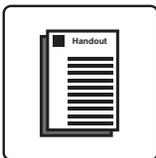
So peaceful. Open the door to the house and go in.

Ask the client how he or she felt about the relaxation.

► **How did that relaxation make you feel?**

Encourage comments.

Give the client a copy of Relaxation Technique: On The Beach handout.



This page intentionally left blank.

Activity 5: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today we practiced disclosing your HIV status to other people. We used the ideas you came up with and supplemented them with tips from the guidelines.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to disclosure.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Think about a difficult HIV disclosure experience. Knowing what you know now, describe how you could make it better.**
 - **With a friend playing a new potential sexual partner, practice telling your partner about your HIV status.**
 - **Write a letter to someone you care for about your HIV status. You don't have to send it, just practice.**

Suggestions for Weekly Goals - *continued*

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**



Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule

If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session.



Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Disclosure Session 2

Handouts

- Guidelines for Disclosing That You are HIV Positive
- Relaxation Sequence: On the Beach

Worksheets

- Advantages and Disadvantages of Disclosure (completed in Disclosure Session 1)
- Disclosure Comfort/Importance Grid (completed in Disclosure Session 1)
- Disclosure Target: Advantages and Disadvantages (completed in Disclosure Session 1)
- F-T-D Grid (completed in Disclosure Session 1)

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ Guidelines for Disclosing That You are HIV Positive

Who to Tell

Some people you might want to tell include:

- Sexual partners. If they're at risk, they should know you're HIV positive. They should know so they can get tested.
- Health care providers. Doctors, nurses, nurse practitioners, and alternative healers all need to know. They might be at risk for infection. You want the best care you can get. If they don't know you have HIV, you might not get the best care.
- Anyone who can help you plan your future. Tell anyone who will help you decide what happens to your possessions, children, apartment or house.
- Anyone who can help you right now. Tell anyone who can help you out if you're sick.
- Anyone who's important in your life.

These are all important people to tell. But you do not have to tell anyone if you don't want to. You only have two obligations: You need to take care of your health, and you should not put others at risk.

Before You Tell

Here are some things to think about before telling someone you have HIV:

- Will they keep the news to themselves? Don't tell if you think they'll tell others without your permission.
- Are they in a position to make your life difficult? They might react badly. For instance, your landlord could make apartment life uncomfortable. HIV discrimination is illegal, and it happens.
- Will you get beat up or worse? Don't put yourself in any danger.

When to Tell Someone You Have HIV

Knowing when to tell can be hard. Here are some things to think about:

- Why do you want the person to know?
- Are you prepared for all the possible responses they could have?



When to Tell Someone You Have HIV - *continued*

- Are you prepared to have the person reject you?
- Are you prepared to have the person feel much closer to you?
- Are you prepared for all the emotions this talk might bring up?

Be prepared to give the person a lot of support. This might seem strange since you're the one with HIV. You've known for a while, though. They're just finding out.

How to Tell Someone You Have HIV

When you tell someone you have HIV, they'll usually take their cues from you. If you're calm about dealing with HIV, they will be calm. If you're not ashamed of having HIV, they won't think it's anything to be ashamed of. It's important to "be in the right space" beforehand. You have a lot of control over the outcome.

- Make sure the time is right. Don't rush into it and don't rush through it.
- Make sure the place is right. Find a private spot.
- Let the person know beforehand. Tell them you have something very important to discuss.
- Make sure the time is right for you. If you don't feel well, try to reschedule.
- Practice in advance. Rehearse with a friend what you will say.
- Be honest and direct. Beating around the bush doesn't make it easier.
- Ask how the other person is feeling. Knowing what emotions you are dealing with can help you cope.
- End with a discussion of the next step. This helps move the conversation along and give you a graceful exit if necessary.

You are not responsible for how they respond. No matter how they react, they'll probably need time to think.

Sometimes it's appropriate to disclose your HIV status in a letter. Try to follow up with a phone call or a visit to find out how the person is reacting. If you write and don't follow up, they may feel cut off. Give them a chance to respond.

■ Relaxation Sequence: On the Beach

Get yourself in a comfortable position. *Pause.*

Observe your breathing. *Pause.*

Now, breathe out deeply three times.

One. *Pause.*

Two. *Pause.*

Three. *Pause.*

Close your eyes, if you wish, as we take a little journey.

You are in a little house by the beach. *Pause.*

You open the door to the deck, and, before you can even step outside, the sun greets you warmly.

See how blue the sky is. *Pause.*

Just a few wispy clouds.

Smell the tangy salt air. *Pause.*

You walk to the edge of the deck and step down into the fine white sand.

Feel the warm sand between your toes. *Pause.*

You hear the surf breaking and the sea gulls crying.

See the waves slowly rolling on the shore. *Pause.*

You walk on the soft sand, moving closer to the ocean, and spread your towel.

You sit watching the soothing rhythm of the sea.

Breathe in and out. *Pause.*

In and out. *Pause.*

In and out. *Pause.*

You lie there on the empty beach.

Your whole body becomes one with the sun, waves, sand, and sky.

Can you see the gulls gliding without effort, nodding on the breeze as if they were asleep?
Pause.

Can you see the gulls gracefully swoop and bank and turn? *Pause.*

Feel the breeze blowing softly, cooling, and cleansing you.

You seem to sink into the sand.

Can you feel your breath becoming deep and slow? *Pause.*

Can you feel your heartbeat--regular, an easy rhythm, strong? *Pause.*

You rest. *Pause.*

You rest a little longer. *Pause.*

Slowly you sit up. *Pause.*

You see a little purple shell carved by the sea, so that it seems to have magical writing on it.

Put it in your pocket.

You stand up. *Pause.*

Walk slowly back to the beach house. *Pause.*

The sand covers your feet and you dig with your toes.

You are almost at the step to the deck.

Step up. *Pause.*

You look back at the ocean feeling so refreshed.

So peaceful. Open the door to the house and go in.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

Health Care 1:

Motivation For Change: Wanting To Stay Healthy

This page intentionally left blank.

CLEAR: Health Care and Self-Care 1

Motivation For Change: Wanting To Stay Healthy

(70 Minutes)

Session Aims:

- To increase the client's motivation to stay healthy.
- To reinforce the client's current health-promoting behaviors.
- To explore the connection between health and feelings, thoughts, and actions.
- To identify barriers to engaging in health-promoting activities.
- To apply SMART Problem-Solving and **CLEAR** Thinking to self-identified barriers to health-promoting activities.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

Why Should I Stay Healthy? (10 minutes)

- The purpose of this activity is to increase the client's motivation to stay healthy by highlighting his or her positive contributions to the world.

What Does It Mean To Stay Healthy? (10 minutes)

- The purposes of this activity are to assess and reinforce the health-promoting behaviors in which the client already engages, and to assess areas he or she would like to improve. The relationship between the client's health and his or her feelings, thoughts, and actions is explored.

What Are My Barriers to Staying Healthy and How Can I Cope with Them? (15 minutes)

- The purposes of this activity are to identify barriers to health-promoting activities and to apply SMART Problem-Solving and/or CLEAR Thinking to overcome them.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials: Health Care Session 1

Handouts

- SMART Problem-Solving Guidelines

Worksheets

- Applying SMART Problem-Solving
- My Contribution to Others
- Using **CLEAR** Thinking to Help with Staying Healthy

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-In

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce today’s session topic to you.**
- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer reading, thoughts, and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us make healthy choices, think and act like our Ideal Self, have less stress, and protect ourselves and other people from transmitting or acquiring HIV or STIs.**

Introduction to Today's Session - *continued*

- ▶ **Today we are going to look at some of the valuable assets that you bring to other's lives. I want to understand your contributions to this world, especially when you are feeling physically or emotionally healthy. Then we will discuss what you are currently doing to stay healthy. We will also identify some of the barriers to engaging in healthy activities and discuss ways to cope with such barriers.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: Why Should I Stay Healthy?

Time

- 10 minutes

Activity Materials

- Worksheet: My Contribution to Others

Counselor Note

The purpose of this activity is to increase the client's motivation to stay healthy by highlighting his or her positive contributions to the world.

Contribution to Others

- ▶ **Much of the work we do together is focused on HIV, but there is much more to you than just HIV.**
- ▶ **Everyone is different. Each of us makes a unique contribution to the people we love, our work place, our community, and ultimately, the world. I would like for us to spend some time thinking about the positive things that you bring to people's lives, your community, and the world.**

Give some examples of the positive contribution you make to the world.

For example:

- I can make my friends buckle over with laughter.
- I care about my father so I check in with him when I can to let him know it.
- I am a forgiving person and can accept someone's apology and not harp on his or her mistake.
- I am good at cheering up my friends. I have a knack for saying the right things when people are down.
- I stick up for people who I think are being treated unfairly.
- My cousin comes to me with her problems because she knows I won't judge her and that I can keep a secret.



- I am creative and can express myself through drawing, music, and words.
- I am innovative and can come up with solutions to life's challenges.
- I can connect with nature and bring peace to the world just by enjoying a sunset.

Give the client a copy of the My Contribution to Others worksheet.

- ▶ **I would like for you to take a few minutes and write down what you bring to people's lives, your community, and the world. Let me know if you need any help with wording some of your thoughts.**

Give the client 5-7 minutes to complete the worksheet.

Discuss the client's uniqueness. If the client is struggling with generating ideas, support him or her by identifying things shared in previous sessions. The counselor may be creative in reframing some of the client's activities in order to highlight contributions he or she has made. Look for connections to the characteristics of the client's Ideal Self.

- ▶ **You have shared some impressive things about yourself. These are certainly expressions of your Ideal Self, the parts of your Ideal Self that come naturally for you. While it may seem that these actions are small or just brief moments in life, they can make a big impact on others.**
- ▶ **Accepting a friend's apology and giving him or her forgiveness can make a big impact on how that person feels about him or herself, and how he or she will interact with others.**
- ▶ **Sitting in peace with yourself and enjoying the sunset can inspire others to feel that same peace as they walk by.**
- ▶ **Your friends and family are lucky to have you in their lives.**

Use the Feeling Thermometer to assess the client's comfort level with his or her contributions to other.

- ▶ **When you think about these contributions you make, where are you on the Feeling Thermometer?**

Get feedback from the client.



Contribution to Others - *continued*

- ▶ **I want to make one last point: you can only express these sides of yourself if you are physically and emotionally present and healthy. It is important to the people around you that you continue to be healthy.**

This page intentionally left blank.

Activity 3: What Does It Mean to Stay Healthy?

Time

- 10 minutes

Activity Materials

- Blank notebook paper
- Worksheet: Prevention Steps Taken (from Core Skill Session 5)

Counselor Note

The purposes of this activity are to assess and reinforce the health-promoting activities in which the client already engages, and to assess areas he or she would like to improve. The relationships between the client's health and feelings, thoughts, and actions are explored and made explicit.

Thinking About Health

- ▶ **HIV requires ongoing attention to one's health.**
- ▶ **Since we're talking about health, let's take a look at what we mean by that.**
- ▶ **Health can be thought of in many different ways. What are some ways that one could think about health? What does it mean to be healthy?**

On a sheet of paper, write the things suggested by the client. Add elements from the following list as needed. You may also refer back to Core Session 5 during which the client identified steps toward staying healthy that he or she has taken.

Being healthy may include:

- Looking good
- Eating right
- Avoiding drugs and alcohol
- Exercising

- Being careful about HIV/STI transmission
 - Staying calm
 - Sleeping well
 - Taking prescribed medications
 - Being involved in one’s medical care
 - Having a place to live
 - Hanging out with others who live healthy lives
 - Believing that we can control how illness impacts our daily lives
- ▶ **In many ways, health is related to some sort of action.**

Read the list to the client.

- ▶ **As we look at this list, which are activities that you already engage in to stay healthy?**

Circle the activities the client engages in to stay healthy.

- ▶ **How does your Ideal Self support you in engaging in these activities?**
- ▶ **What thoughts go through your mind as you engage in these activities?**

Give reinforcement for efforts to stay healthy. Get feedback and discuss the client’s response.

- ▶ **It sounds like you do some important things to stay healthy.**
- ▶ **Our goal is to help you improve them even more.**



Use the Feeling Thermometer to rank order the health-promoting activities in which the client does not engage.

- ▶ **When you look at the activities on the list that you don’t engage in, where is your Feeling Thermometer? Which ones cause you the most discomfort.**
- ▶ **What thoughts go through your mind about engaging in these activities?**

Thinking About Health - *continued*

Reflect on participant responses and encourage discussion.

- ▶ **One of the things that I've noticed in our discussion is that how you feel and what you think about staying healthy will influence what you do.**
- ▶ **If you have unhelpful thoughts and a high Feeling Thermometer reading about a particular action, such as taking your medications or exercising, you are less likely to do it.**
- ▶ **On the other hand, feeling uncomfortable about the kind of shape you are in might give you a push to doing something about it.**
- ▶ **Having a high Feeling Thermometer reading all the time, meaning constantly feeling extreme discomfort, is not good for your health.**
- ▶ **Carefully noting when your Feeling Thermometer reading is high, can be the first step in your doing something about a situation before it overwhelms you.**
- ▶ **By noticing the actions that make you feel good, you can remember to do them more often.**
- ▶ **Although it takes effort, most people feel better when they take actions that help them stay healthy.**

This page intentionally left blank.

Activity 4: What Are My Barriers to Staying Healthy and How Can I Cope with Them?

Time

- 15 minutes

Activity Materials

- Blank notebook paper
- Handout: SMART Problem-Solving Guidelines
- Worksheet: Using CLEAR Thining to Help with Staying Healthy

Counselor Note

The purposes of this activity are to identify barriers to health-promoting activities and to apply SMART Problem-Solving and/or CLEAR Thinking to overcome them.

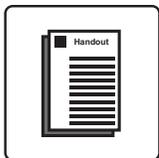
Using the list of activities generated in the last activity, choose one that makes the client moderately uncomfortable (40-60 on the Feeling Thermometer) to work on.

- ▶ **You just shared with me your Feeling Thermometer reading in response to the health related activities that you do not currently engage in. Let's choose an activity that you are moderately uncomfortable with and figure out what keeps you from engaging in the activity. What is a health related activity that you would like to improve on?**
- ▶ **What are the barriers to engaging in this activity?**

List the client's barriers to engaging in the healthy activity on a blank sheet of notebook paper.

Depending on the barrier, apply SMART Problem-Solving and/or CLEAR Thinking to cope with the barrier. Remind the client to think of his or her Ideal Self characteristics as he or she works on coping with the barrier.

Listen and be reflective.



If applying SMART Problem-Solving, give the client a copy of the SMART Problem-Solving Guidelines handout.

- ▶ **SMART Problem-Solving is a tool that can help us identify options for handling barriers. It’s probably familiar to you, so we will just briefly review the steps and then apply them.**
- ▶ **Here is a copy of the guidelines we will use.**

Talk through the five steps for solving problems. Ask the client if he or she has any questions.

- ▶ **OK, now let’s start working on one of the barriers that keep you from <health promoting activity>. I would like for you to choose one barrier from your list that:**
 - **You would like to overcome.**
 - **Greatly effects your decision not to engage in this activity.**



Distribute the Applying SMART Problem-Solving worksheet and work through each of the steps.

SMART Problem-Solving is a tool to help find options to problems or barriers. I think you’ve come up with some very helpful options to cope with one of your barriers.

CLEAR Thinking

If applying CLEAR Thinking, the counselor may say the following:

- ▶ **Let’s take a look at the thoughts that are associated with this barrier. How can we replace these unhelpful or negative thoughts with CLEAR Thoughts?**



Distribute the Using CLEAR Thinking to Help with Staying Healthy worksheet and coach the client in replacing unhelpful or negative thoughts with CLEAR Thoughts.

Unhelpful Thought: “It’s too hard to take a walk every day.”

CLEAR Thought: “I’m just starting my workout routine. Even if I can walk just one or two times a week, it would be a great start.”

- ▶ **Great job!**

Activity 5: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today I got a chance to get to know a unique side of you: your contributions to others. I want to reiterate what I said earlier: you can only express this part of yourself if you are physically and emotionally healthy. We also assessed what you are currently doing to stay healthy and areas you would like to improve. We learned more about the relationship between your feelings, thoughts, and actions as they relate to your health.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to health care and self-care.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Take note of the positive contributions you make to friends, family, your community, work place, and world.**
 - **Take note of the actions you already take to stay healthy.**
 - **When you have an interaction with one of your health care providers, write down your Feeling Thermometer reading and thoughts that come to mind.**

Suggestions for Weekly Goals - *continued*

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**



Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client's workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today's session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today's session?
- What did you learn that you can apply to your life?
- What could be improved about today's session?

END OF SESSION

Required Materials: Health Care Session 1

Handouts

- SMART Problem-Solving Guidelines

Worksheets

- Applying SMART Problem-Solving
- My Contribution to Others
- Using **CLEAR** Thinking to Help with Staying Healthy

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ SMART Problem-Solving Guidelines

Step 1: S = State the problem

- Is the problem stated clearly? (Writing it down will help you define it clearly.)
- Is it complete?
- What's your read on the Feeling Thermometer when you think about the problem?

Step 2: M = Make a goal

- Exactly what do you want to accomplish? What do you want to change from the way it is now?
- Is the goal stated clearly?
- Is it specific, so you can for sure tell when you have achieved it? (Again, writing it down will help.)
- Are you sure this is the goal you want? Can you make a commitment to working on it?

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- Are these all of the actions you could reasonably take that would achieve your goal?
- Is each action stated clearly?
- Do the actions specify just one thing to do, as opposed to several things at the same time?
- Does each action describe something you will do, as opposed to how you will feel or think? (It's best to have at least three actions to choose from if possible.)

Step 4: R = Reach a decision about which actions you could take

- Have you picked the best course of action, the one with the most pros and the fewest cons?
- How will you get the skills that you need, if you don't have them already?
- How will you get the resources that you need, if you don't have them already?

Step 4: R = Reach a decision about which actions you could take - *continued*

- **Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)**
- **What is going to be your plan for taking the action? What are the specific steps?**
- **What things can get in the way of taking this action and being successful with it? Is there anything you know about for sure that will make it difficult? Is there anything that might go wrong?**
- **What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?**

Step 5: T = Try it and review it

- **Did the action work out as you expected?**
- **Were you successful in taking your action? Completely? Partly?**
- **Would you do anything differently if you were starting again?**
- **Did the action you took achieve the goal you wanted to accomplish? Completely? Partly?**
- **Do you need to make a new plan in order to be successful in taking this action?**
- **Do you need to find a new action that will move you forward toward achieving your goal?**

■ Applying SMART Problem-Solving

Step 1: S = State the problem

Step 2: M = Make a goal

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- ---
- ---
- ---
- ---
- ---

Step 4: R = Reach a decision about which actions you could take

- What's the best course of action, the one with the most pros and the fewest cons?
- Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)
- What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?

Step 5: T = Try it and review it

- Did the action work out as you expected?
- Were you successful in taking your action? Completely? Partly?
- Would you do anything differently if you were starting again?

This Page Intentionally Left Blank.

This Page Intentionally Left Blank.

■ Using CLEAR Thinking to Help with Staying Healthy

Practice replacing these unhelpful thoughts with CLEAR Thoughts:

Unhelpful Thought: “It’s too hard to take a walk every day.”

Unhelpful Thought: “I can’t keep to a daily exercise routine.”

Unhelpful Thought: “I’ve been such a failure at exercising in the past.”

Unhelpful Thought: “Staying healthy is too hard.”

Practice replacing your unhelpful thoughts about staying healthy with CLEAR Thoughts:

1. Unhelpful Thought: _____

CLEAR Thought: _____

2. Unhelpful Thought: _____

CLEAR Thought: _____

3. Unhelpful Thought: _____

CLEAR Thought: _____

4. Unhelpful Thought: _____

CLEAR Thought: _____

5. Unhelpful Thought: _____

CLEAR Thought: _____

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions
Health Care 2:
Attending Health Care Appointments

This page intentionally left blank.

CLEAR: Health Care and Self-Care 2

Attending Health Care Appointments

(65 Minutes)

Session Aims:

- To assess the client's attendance at his or her scheduled health care appointments.
- To identify barriers to attending health care appointments.
- To apply SMART Problem-Solving and **CLEAR** Thinking to the client's self-identified barriers to attending health care appointments.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

What Weighs On My Decision to Keep or Skip Appointments? (20 minutes)

- The purpose of this activity is to explore the factors that affect the client's decision to keep or skip his or her health care appointments. Special attention is paid to the feelings and thoughts that affect the client's decision.

Attending Medical Appointments: Breaking Down Barriers (20 minutes)

- SMART Problem-Solving is applied to help the client identify options for overcoming the barriers that keep him or her from attending appointments. **CLEAR** Thinking is then practiced to deal with unhelpful or negative thoughts.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials: Health Care Session 2

Handouts

- SMART Problem-Solving Guidelines

Worksheets

- Applying SMART Problem-Solving
- F-T-D Grid
- Using **CLEAR** Thinking to Help Break Down Barriers to Medical Appointments

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-In

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ◆ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ◆ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce today’s session topic to you.**
- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer reading, thoughts, and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us make healthy choices, think and act like our Ideal Self, have less stress, and protect ourselves and other people from transmitting or acquiring HIV or STIs.**

Introduction to Today's Session - *continued*

- ▶ **Today we are going to talk about keeping medical appointments. We will explore the various factors that contribute to your decision to attend or not attend appointments, identify barriers that keep you from attending appointments, and then come up with solutions to those barriers.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: What Weighs On My Decision to Keep or Skip Appointments?

Time

- 20 minutes

Activity Materials

- Blank notebook paper

Counselor Note

The purpose of this activity is to explore the factors that affect the client's decision to keep or skip his or her health care appointments. Special attention is paid to the feelings and thoughts that affect the client's decision.

Attendance Check In

- ▶ **I would like to start off today's session by discussing how you're doing with keeping your health care appointments. These appointments include physicians, dentists, nutritionists, therapists, and others.**
- ▶ **On a scale from one to ten, ten meaning you always make it to your appointments and one meaning that you never make it to your appointments, how would you rate yourself?**

Ask the client to tell you all of the health care providers he or she has. List them on a sheet of paper. Write down the corresponding attendance rating. Probe to find out if his or her attendance varies based on the provider. For example, does he or she make it to all of his or her appointments with the therapist, but not with his or her physician?

- ▶ **I want to congratulate you on consistently making it to at least some of your appointments. I know it's not always easy to do.**

Summarize the client's attendance behaviors. For example, "It seems that you attend your counseling and nutrition appointments on a regular basis, but tend to skip appointments with your medical doctor."

- ▶ **What do you think are the reasons that you are more likely to keep appointments with certain providers, but not others?**

Engage the client in a discussion.

To Keep Or Not To Keep An Appointment

- ▶ **Keeping your medical appointments is an important area for us to deal with.**
- ▶ **The reasons why someone misses an appointment can be because they have strong feelings or thoughts about seeing their doctor or other health care provider, or sometimes they just forget.**
- ▶ **I'd like us to brainstorm some reasons why you keep your appointments, and the barriers that keep you from going to your appointments.**
- ▶ **Let's start with the reasons why you keep appointments.**

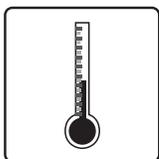
Probe with the following questions:

- On the list we just created, you kept your appointments with certain health care providers more than others. What are your thoughts about these providers?
- When you think about appointments with each of these providers, where are you on the Feeling Thermometer?
- ▶ **Now let's talk about the providers you missed appointments with. What are some reasons these health care appointments were missed?**

Probe with the following questions:

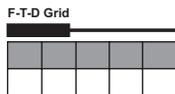
- On the list we just created, you seem more likely to skip appointments with certain health care providers more than others. What is it about these providers that makes you skip appointments? What are your thoughts about these providers?
- When you think about appointments with each of these providers, where are you on the Feeling Thermometer?

On a sheet of paper, list the client's responses. Pay close attention to the client's thoughts and feelings.



F-T-D Grid

- ▶ I noticed that some of the barriers we talked about are feelings or thoughts, or situations or people with strong feelings or thoughts attached to them.
- ▶ I would like to spend a few minutes talking about these feelings, thoughts, people, and situations.



Distribute the F-T-D Grid worksheet.

List the barriers in the appropriate box in the F-T-D grid. For example, if the client expresses the thought “I can’t stand my doctor - he’s so judgmental. I can’t stand it when he lectures me.”, list it in the “Thoughts” column of the grid.

Follow up questions:

- When do you have these thoughts?
- Where are you on the Feeling Thermometer when you’re having these thoughts?
- What body sensations do you experience?
- Are you more likely to skip or attend the appointment when you have these thoughts and feeling?

Sample Completed F-T-D Grid:

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action
Day before my appointment with my doctor	100	Tense shoulder muscles.	I can’t stand my doctor he’s so judgmental. I can’t stand it when he lectures me.	Usually skip appointments.

Ask the client questions to help complete the rest of the grid.

- ▶ Take a look at this grid we filled in. What do you notice? Do you see a relationship between your feelings, thoughts, and actions?
- ▶ What situations gave you a high reading on the Feeling Thermometer? What gave you a low reading?

Engage the client in a brief discussion highlighting the relationship between his or her feelings, thoughts, and actions.

- ▶ **That was a very good conversation. Thank you.**
- ▶ **In the next activity we'll look at some of the options you have to handle the barriers that get in the way of attending your appointments.**

Activity 3: Attending Medical Appointments: Breaking Down Barriers

Time

- (20 minutes)

Activity Materials

- Handout: SMART Problem-Solving Guidelines
- Worksheet: Applying SMART Problem-Solving
- Worksheet: Using **CLEAR** Thinking to Help Break Down Barriers to Medical Appointments

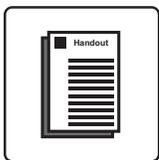
Counselor Note

SMART Problem-Solving is applied to help the client identify options for overcoming the barriers that keep him or her from attending appointments. **CLEAR** Thinking is then practiced to deal with unhelpful or negative thoughts.

- ▶ **There are many options to dealing with the problems we face. At first, they may not always seem clear. Finding options to handle problems is an important skill to learn. By identifying options, we gain greater control over the outcome of situations.**
- ▶ **What options do you have that might be helpful for overcoming the barriers we listed? What do you think would be useful?**

Engage the client in a conversation about problem solving barriers. Suggest SMART Problem-Solving and **CLEAR** Thinking depending on the identified barrier.

- ▶ **I would like us to practice using the SMART Problem-Solving technique to work around one of these barriers.**
- ▶ **SMART Problem-Solving is a tool that can help us identify options for solving problems. It's probably familiar to you, so we will just briefly review the steps and then apply them.**
- ▶ **Here is a copy of the guidelines we will use.**



Distribute a copy of the SMART Problem-Solving Guidelines handout and review it with the client.

- ▶ **OK, now let's start working on one of the barriers that keep you from attending medical appointments. Choose a barrier that greatly effects your decision to not go to your medical appointments**

Distribute the Applying SMART Problem-Solving worksheet and work through each of the steps.

Sample of completed worksheet:

Step 1: S = State the problem

My medical doctor is judgmental and I don't think I am getting the best medical care. I usually skip my appointments with my medical doctor.

Step 2: M = Make a goal

Find a doctor that I like and who understands my lifestyle.

Step 3: A = Actions - List the actions you might take to achieve the goal

- *Ask my case manager to recommend a good doctor who is experienced with HIV.*
- *Call a recommended clinic to see if there is someone there who speaks my language and understands my situation.*
- *Visit a recommended clinic and see if the staff is friendly and helpful.*
- *Speak with the recommended clinic receptionist and find out what I need to do to transfer to that clinic.*
- *Fill out any appropriate forms.*
- *Assess my feelings and thoughts about my medical care. Is my doctor the problem or do I just not like getting medical care?*
- *Replace my negative thoughts with CLEAR Thoughts.*

Step 4: R = Reach a decision about which actions you could take

Step 5: T = Try it and review it

- ▶ **SMART Problem-Solving is a tool to help find options to problems. I think you've come up with some very helpful options to solve your problem.**



CLEAR Thinking

- ▶ **Let’s take a look at the thoughts that are associated with this barrier. How can we replace these unhelpful or negative thoughts with CLEAR Thoughts?**

Distribute the Using **CLEAR** Thinking to Help Break Down Barriers to Medical Appointments and coach the client in replacing unhelpful or negative thoughts with **CLEAR** Thoughts.

Unhelpful thought: “I can’t stand my doctor. He’s so judgmental.”

CLEAR Thought: “I’m just starting my search for a doctor that is right for me. Until I can find my new doctor I am not going to let his judgments affect me. I only need to see him a few more times. It’s only temporary.”

Unhelpful thought: “I can’t stand it when he lectures me.”

CLEAR Thought: “Not everyone’s a good communicator. Instead of letting his tone of voice affect me, I’m only going to listen to the information and take what is beneficial for me. I only have a few more visits with him anyway.”

- ▶ **Great job!**

This page intentionally left blank.

Activity 4: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **Today we explored some of the barriers that keep you from attending your health care appointments. We found that some of the barriers were feelings and thoughts, while other barriers had to do with situations, people, or simply forgetting. You came up with some good ideas to work around these barriers, and we practiced the skill of SMART Problem-Solving and CLEAR Thinking to overcome one of your barriers.**

Praise the client for something positive he or she did during the session. For example, "I really liked that you engaged in every activity we did today."

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to health care and self-care.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Try to make it on time to each of your health care appointments.**
 - **Try out the strategies you came up with to overcome one of your barriers.**
 - **Before each appointment, practice replacing all of your unhelpful or negative thoughts with CLEAR Thoughts.**

Suggestions for Weekly Goals - *continued*

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client’s workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**



Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client’s workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session.

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today’s session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today’s session?
- What did you learn that you can apply to your life?
- What could be improved about today’s session?

END OF SESSION

Required Materials: Health Care Session 2

Handouts

- SMART Problem-Solving Guidelines

Worksheets

- Applying SMART Problem-Solving
- F-T-D Grid
- Using **CLEAR** Thinking to Help Break Down Barriers to Medical Appointments

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ SMART Problem-Solving Guidelines

Step 1: S = State the problem

- Is the problem stated clearly? (Writing it down will help you define it clearly.)
- Is it complete?
- What's your read on the Feeling Thermometer when you think about the problem?

Step 2: M = Make a goal

- Exactly what do you want to accomplish? What do you want to change from the way it is now?
- Is the goal stated clearly?
- Is it specific, so you can for sure tell when you have achieved it? (Again, writing it down will help.)
- Are you sure this is the goal you want? Can you make a commitment to working on it?

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- Are these all of the actions you could reasonably take that would achieve your goal?
- Is each action stated clearly?
- Do the actions specify just one thing to do, as opposed to several things at the same time?
- Does each action describe something you will do, as opposed to how you will feel or think? (It's best to have at least three actions to choose from if possible.)

Step 4: R = Reach a decision about which actions you could take

- Have you picked the best course of action, the one with the most pros and the fewest cons?
- How will you get the skills that you need, if you don't have them already?
- How will you get the resources that you need, if you don't have them already?

Step 4: R = Reach a decision about which actions you could take - *continued*

- **Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)**
- **What is going to be your plan for taking the action? What are the specific steps?**
- **What things can get in the way of taking this action and being successful with it? Is there anything you know about for sure that will make it difficult? Is there anything that might go wrong?**
- **What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?**

Step 5: T = Try it and review it

- **Did the action work out as you expected?**
- **Were you successful in taking your action? Completely? Partly?**
- **Would you do anything differently if you were starting again?**
- **Did the action you took achieve the goal you wanted to accomplish? Completely? Partly?**
- **Do you need to make a new plan in order to be successful in taking this action?**
- **Do you need to find a new action that will move you forward toward achieving your goal?**

■ Applying SMART Problem-Solving

Step 1: S = State the problem

Step 2: M = Make a goal

Step 3: A = Actions - List the Actions You Might Take To Achieve the Goal

- ---
- ---
- ---
- ---
- ---

Step 4: R = Reach a decision about which actions you could take

- What's the best course of action, the one with the most pros and the fewest cons?
- Are there any additional skills or resources that you will need to be successful? (Anything that is not a skill can be considered a resource. People can be a resource; time can be a resource; money can be a resource; objects and materials can be resources.)
- What are your plans for dealing with these barriers, so they don't keep you from taking the action you want to?

Step 5: T = Try it and review it

- Did the action work out as you expected?
- Were you successful in taking your action? Completely? Partly?
- Would you do anything differently if you were starting again?

This Page Intentionally Left Blank.

F-T-D Grid

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action

This Page Intentionally Left Blank.

■ Using CLEAR Thinking to Help Break Down Barriers to Medical Appointments

Practice replacing these unhelpful thoughts with CLEAR Thoughts:

Unhelpful Thought: “I can’t stand my doctor. He’s so judgemental.”

Unhelpful Thought: “I can’t stand it when he lectures me.”

Unhelpful Thought: “I’ve been such a failure at working with my providers in the past.”

Unhelpful Thought: “Managing my medical care is too hard.”

Practice replacing your unhelpful thoughts about barriers to medical appointments with CLEAR Thoughts:

1. Unhelpful Thought: _____

CLEAR Thought: _____

2. Unhelpful Thought: _____

CLEAR Thought: _____

3. Unhelpful Thought: _____

CLEAR Thought: _____

4. Unhelpful Thought: _____

CLEAR Thought: _____

5. Unhelpful Thought: _____

CLEAR Thought: _____

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions

Health Care 3:

Partnering In My Care and Treatment

This page intentionally left blank.

CLEAR: Health Care and Self-Care 3

Partnering In My Care and Treatment

(75 Minutes)

Session Aims:

- To practice assertive communication techniques to help the client articulate his or her health care needs and obtain desired results from providers.
- To learn and practice additional strategies that promote a productive patient-provider relationship.
- To discuss the rights and responsibilities of people living with HIV.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

How Do I Communicate What I Need To My Health Care Provider? (25 minutes)

- The client explores using assertive communication to improve communication with his or her health care provider. Assertive communication is then practiced through role-playing.

How Can I Promote A Productive Relationship With My Health Care Provider? (15 minutes)

- The purpose of this activity is to increase the client's ability to develop productive relationships and interactions with his or her health care providers. Guidelines for effective partnering are reviewed and practiced through role-playing.

What Are My Rights and Responsibilities? (10 minutes)

- The client uses a set of guidelines to review the rights and responsibilities of people living with HIV who are in medical care.

What's Next? (15 minutes)

- The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Required Materials: Health Care Session 3

Handouts

- Assertive Communication Guidelines
- Guidelines for Being a Partner in Your Medical Care
- Rights and Responsibilities of People Living with HIV

Worksheets

- Characteristics of Communication

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- Role-Play: Assertive Communication

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-In

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **I see you’ve been working really hard. Unless there is something pressing that you feel we need to discuss today, let me introduce today’s session topic to you.**
- ▶ **Remember that our sessions are about looking at how our feelings, meaning our Feeling Thermometer reading, thoughts, and actions are related to each other. Understanding how our feelings, thoughts, and actions affect each other can help us make healthy choices, think and act like our Ideal Self, have less stress, and protect ourselves and other people from transmitting or acquiring HIV or STIs.**

Introduction to Today's Session - *continued*

- ▶ **Today we are going to focus on establishing and maintaining productive relationships with health care providers. We will review what you have learned already about Assertive Communication and use it to help you articulate your needs and obtain the results you want from your health care providers. Then we will focus on other ways to build strong working relationships with your health care providers. We will also have a brief discussion about the rights and responsibilities of people living with HIV.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: How Do I Communicate What I Need To My Health Care Provider?

Time

- 25 minutes

Activity Materials

- Handout: Assertive Communication
- Worksheet: Characteristics of Communication

Counselor Note

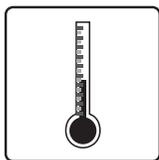
The client applies assertive communication to improve communication with his or her health care provider. Assertive communication is then practiced through role-playing.

Communicating with Health Care Providers

- ▶ **In a prior session we discussed the different styles of communication: aggressive, assertive, and passive communication. We talked about how each style of communication has an appropriate use.**
- ▶ **Aggressive communication is communication that is disrespectful of other people. It's a communication style in which you stand up for your rights but violate the rights of others.**
- ▶ **Passive communication is a style in which you put the rights of others before your own, minimizing your own self worth. A passive communicator will often go without having his or her needs met rather than rock the boat by expressing his or her needs.**
- ▶ **Assertive communication is communication in which you stand up for your own needs while also being concerned and respectful about the needs of the other person.**

- ▶ **Today we want to talk about communicating with health care providers. To start off our session, let’s talk about the last time you met with a health care provider. Please describe the situation for me. How did it go?**

Encourage the client to give a complete description of his or her last visit to a health care provider. Ask probing questions as necessary. Note that different styles of communication can occur throughout a visit. Pay attention to see if the client’s style shifts. For example, the client may be assertive up until the time he or she receives his or her medications and is being provided a summary of what each medication is for. He or she may be too intimidated to ask questions and thus revert to passive communication.

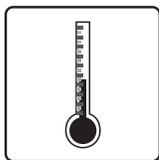


Use the Feeling Thermometer to assess the client’s level of comfort during the visit.

- ▶ **Where was your Feeling Thermometer during the visit?**
- ▶ **What type(s) of communication did you use during the visit?**
- ▶ **What made you choose this particular style?**
- ▶ **Did you get what you needed from that appointment?**
- ▶ **What do you think you might have done differently before or during the appointment to have a different outcome?**

Engage the client in a discussion.

- ▶ **Are there times when you use aggressive communication with a health care provider?**



Use the Feeling Thermometer to assess the client’s level of comfort when using aggressive communication.

- ▶ **What is your Feeling Thermometer reading before you began to use aggressive communication? What is your reading after you used aggressive communication?**

Encourage the client to explore thoughts, situations, or people that push the client to communicate aggressively. Encourage him or her to identify early warning signs of discomfort, such as change in thoughts (e.g. neutral thoughts to negative thoughts) and physical sensations (e.g. sweaty palms).



Distribute the Characteristics of Communication worksheet and write down the client’s Feeling Thermometer reading for aggressive communication. List the warning signs that he or she experiences.

Communicating with Health Care Providers - *continued*

- ▶ Are there any warning signs, such as thoughts or physical sensations that alert you to beginning to feel agitated or uncomfortable?
- ▶ How does your provider respond to the aggressive communication?

Engage in a discussion with the client about his or her use of passive communication. A client may use passive communication if overwhelmed or intimidated by the provider or has a difficult time understanding the medical jargon.

- ▶ Are there times when you use passive communication with your health care provider? When do you use this particular style?



Use the Feeling Thermometer to assess the client's level of comfort when using passive communication. On the worksheet, write down the client's Feeling Thermometer reading for passive communication. List the client's warning signs of discomfort.

- ▶ What is your Feeling Thermometer reading before you begin to use passive communication? What is your reading after you use passive communication?
- ▶ Are there any warning signs, such as thoughts or physical sensations, that signal you are beginning to feel intimidated or uncomfortable?
- ▶ Do you get all of the information that you need from your health care provider using passive communication?
- ▶ That was a great discussion.
- ▶ We have two Feeling Thermometer readings here: one for aggressive communication and one for passive.



Use the Feeling Thermometer to assess the client's level of comfort when using assertive communication. On the worksheet, write down the client's Feeling Thermometer reading for assertive communication.

- ▶ Where does your Feeling Thermometer reading need to be for you to use assertive communication with your health care provider?

Point out that aggressive and passive communication may be associated with a high Feeling Thermometer reading, meaning the client is experiencing discomfort with the situation. A high Feeling Thermometer reading often prevents one from using assertive communication in getting needs met. The client's Feeling Thermometer reading may increase and decrease throughout the visit with a health care provider. The key here is to illustrate the importance of the client catching himself or herself early on (i.e., Feeling Thermometer below 60) and intervening at that point by applying **CLEAR** Thoughts and other self-protective actions (e.g., deep breathing). This will help the client maintain a comfortable state so that assertiveness communication can be used.

- ▶ **When talking with your health care provider or someone at the clinic office, assertive communication is generally most effective.**
- ▶ **Assertiveness means standing up for your own needs while also being concerned and respectful about the needs of the other person.**
- ▶ **What makes assertive communication effective with health care providers?**

Add the following points if not mentioned by the client:

1. Standing up for your own needs in a clear and respectful way can ensure you get all of the services you came for and that all of your questions are answered.
 2. You can build a productive relationship by being concerned and respectful of your provider's needs.
- ▶ **In general, people who are met with aggressive communication tend to shut down. Health care providers will most likely be interested in getting out of the situation rather than giving you better care. On the other hand, if you communicate passively, you may leave your appointment without getting all of your questions answered.**
 - ▶ **We have three Feeling Thermometer readings on this sheet of paper. Where do you need to be on the Feeling Thermometer to be an effective and assertive communicator with your health care providers?**
 - ▶ **You mentioned that there are warning signs of when you are going to revert to aggressive or passive communication. These warning signs are changes in your thoughts and physical sensations.**

Communicating with Health Care Providers - *continued*

- ▶ If we catch these warning signs early on, we can respond and try to keep your Feeling Thermometer reading at the place where you are most effective and assertive.
- ▶ If you catch one of the warning signs you listed, what do you think you can do to maintain your Feeling Thermometer reading at <client’s optimal Feeling Thermometer reading for assertive communication>?

Encourage the client to give suggestions. Offer the following suggestions if not mentioned by the client: **CLEAR** Thinking and relaxation.

- ▶ Those were some great suggestions. Now let’s practice using assertive communication.

Reviewing Assertive Communication

Distribute the Assertive Communication handout and review it with the client.

- ▶ I would like to give you a chance to try practicing assertive communication by role-playing.
- ▶ These guidelines probably look familiar to you. Do you have any questions about them before we begin?



Unscripted Role-Play: The Busy Doctor

- ▶ I have a scenario to get us started and then I will ask you to suggest a scenario based on a personal experience or we can role-play the encounter you shared earlier.
- ▶ For the first role-play you can be the doctor and I will be the patient.

Describe the situation to the client. The client is to play the doctor, and the counselor is to play the client and model assertive communication.

- ▶ Here is the scenario. I am the patient and have been sitting in the waiting room for an hour. It’s finally my turn to meet with the doctor.



- ▶ It seems like she’s (he’s) in a rush and doesn’t have time to answer any of my questions.
- ▶ She (He) also prescribed me a new medicine and I don’t understand how I am supposed to take it.
- ▶ My goal is to have the doctor explain to me how I am supposed to take my medicines.
- ▶ You are the doctor. It has been a very busy day.
- ▶ There was an emergency at the hospital that you had to deal with and now your schedule is backed up. You need to see 4 more patients this hour to keep on schedule.
- ▶ You just prescribed me, your patient, a new medication and the instructions are on the bottle. Also, you think the pharmacist can answer any other questions the patient might have about how to take the medication.
- ▶ Your goal is to give the patient the best care possible, but quickly.

Role-play the scenario and model assertive communication.

- ▶ Great. How was it being the doctor?
- ▶ What was one thing that the patient did that you liked? What was one thing that you would have done differently if you were the patient?

Explain to the client what you felt as the patient. Cover the following points:

- Your Feeling Thermometer reading.
- Any unhelpful thoughts that you replaced with **CLEAR** Thoughts.
- One thing that you did as the patient that you liked.
- One thing that you would differently.



Unscripted Role-Play

- ▶ For our next role-play, I would like for you to come up with a scenario where using assertive communication with a provider is important. It can be a situation that you have experienced or you think you might encounter. Or think of a past experience where the communication turned aggressive or passive. You can use the role-play to practice using assertive communication instead. What scenario do you want to use? What’s the goal of the role-play?
- ▶ For this role-play, let’s switch roles. You be the patient and I will be the provider.

If the client has difficulty coming up with a scenario, suggest role-playing the experience shared at the beginning of the activity.

Get feedback after the role-play.

- ▶ **How did you feel as the patient?**

Use the Feeling Thermometer to assess the client’s level of comfort during the role-play.

- ▶ **What was your Feeling Thermometer reading during the role-play?**
- ▶ **What thoughts were going through your mind? How did you use CLEAR Thinking?**
- ▶ **Tell me one thing you did that you liked and one thing that you would do differently?**

Explain to the client what you felt as the provider. Cover the following points:

- Your Feeling Thermometer reading.
- One thing that you liked about what the patient did.
- One thing that you would do differently if you were the patient.
- ▶ **This was a wonderful activity. I am very impressed!**



This page intentionally left blank.

Activity 3: How Can I Promote Productive Relationships with My Health Care Providers?

Time

- (15 minutes)

Activity Materials

- Worksheet: Guidelines for Being a Partner in Your Medical Care

Counselor Note

The purpose of this activity is to increase the client’s ability to develop productive relationships and interactions with his or her health care providers. Guidelines for effective partnering are reviewed and practiced through role-playing.

- ▶ **We’ve spent some time talking about assertive communication. Let’s brainstorm some additional strategies that you think will help promote productive relationships with your health care providers.**

Distribute the Guidelines for Being a Partner in Your Medical Care worksheet.

- ▶ **What can you do to improve your partnerships with your providers? What can you do to make sure you are getting the highest level of care?**

Engage the client in a discussion. Discuss each example that the client volunteers. Write the client’s suggestions down on the Guidelines for Being a Partner in Your Medical Care worksheet.

- ▶ **You know best what your relationships with your health care providers are like, and therefore how best to improve those relationships.**

Review the additional suggestions for being a good partner on the worksheet.





- ▶ Remember that making changes takes time, so if improving relationships with your health care provider seems difficult or awkward at first, please keep trying.

Unscripted Role-Play

- ▶ Now let's take some time to practice what we have learned today. I would like for you think of a couple of current or past situations where assertive communication and the Guidelines for Being a Partner in Your Medical Care would be useful. Please give me a scenario for a role-play and tell me its goal.

Encourage the client to come up with a scenario. If the client is having difficulty, suggest one of the following:

- Getting information about a new medication the doctor wishes to prescribe.
- Making a second request to a receptionist for a copy of the client's medical records.
- Asking to stop medications because the side effects seem too harsh.
- Following up on a viral load test result with a nurse who is too busy to check the patient's chart.

Choose a situation. Have the client play the role of the patient. Be clear about the role you are playing, and do the role-play.

When the role-play is finished, use the following questions to assess whether the patient modeled the guidelines:

- Did the patient ask questions?
 - Did the patient clarify?
 - Did the patient stick with it?
 - Did the patient stay firm?
 - Did the patient make it clear that she or he wanted to be a partner in making decisions?
- ▶ Earlier you said you needed to be at a <client's optimal Feeling Thermometer reading for assertive communication> on the Feeling Thermometer to use assertive communication. Were you able to maintain this ideal Feeling Thermometer reading?

Unscripted Role-Play - *continued*

- ▶ **How do you think communicating assertively and applying these tips could improve the quality of your health care?**

Engage in a discussion to debrief from the role-play.

- ▶ **This was a great discussion.**

This page intentionally left blank.

Activity 4: Rights and Responsibilities of People Living with HIV

Time

- 10 minutes

Activity Materials

- Handout: Rights and Responsibilities of People Living with HIV

Counselor Note

The client uses a set of guidelines to review the rights and responsibilities of people living with HIV who are in medical care.

Health Care Rights and Responsibilities of People Living with HIV

Introduce health care rights and responsibilities of people living with HIV.

- ▶ **People living with HIV and in medical care have rights and responsibilities. I'd like us to discuss some of them with you.**
- ▶ **What do you think are some of the rights and responsibilities of people living with HIV?**

Encourage the client's feedback.

Distribute a copy of the Rights and Responsibilities of People Living with HIV handout and review it with the client.

- ▶ **That was a great discussion. Here is a handout that highlights some of what we already discussed and some additional points about the rights and responsibilities of people living with HIV. Let's review it together.**

Engage in a discussion with the client.

- ▶ **What bullet points are new to you?**
- ▶ **Is there any information that surprised you?**





Use the Feeling Thermometer to assess the client's comfort level with the information in the handout.

- ▶ **What bullet point(s) cause you to have the highest Feeling Thermometer reading?**
- ▶ **How confident are you about your ability to incorporate this information into your life?**
- ▶ **Great work.**

Activity 5: What's Next?

Time

- 15 minutes

Activity Materials

- Goal Cards
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Counselor Note

The purposes of this activity are to reinforce today's learning, set weekly goals, and to motivate the client to return to the next session by wrapping up on a positive note.

Review of Session Content

Review today's session.

- ▶ **We are at the end of our session. Before we set our weekly goal, I want to review what we learned and share some observations that I noticed about you during the session.**
- ▶ **We started off today by reviewing different communication strategies that promote effective partnerships with health care providers. We then spent some time practicing assertive communication with health care providers and reviewing your rights and responsibilities as a patient**

Review of Goal Guidelines

Review the Guidelines for Goal Setting.

Guidelines for Goal Setting

- Important to you, and you are committed to it.
- Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).
- Brief, specific, and clearly stated.
- Easy to tell when you have accomplished it.

Answer questions and clarify as necessary.

Refer to the client's prevention goal related to health care and self-care.

The client's Ideal Self characteristics, prevention, and life goals should be consistently integrated into weekly short-term goal setting.

The client is encouraged to identify two goals:

1. A short term weekly goal that supports the client's accomplishment of the long-term life goal identified during Core Session 2.
2. A short term weekly goal that relates to today's session topic.

If the client appears to struggle with having two simultaneous goals, the client may select only one goal related to today's session.

Suggestions for Weekly Goals

Give the client suggestions for weekly goals.

- ▶ **Some examples of possible goals for this week could be:**
 - **Practice using assertive communication at your next health care appointment.**
 - **Teach the assertive communication techniques to a friend who is either aggressive or passive with his or her health care provider.**
 - **Make a list of your health care providers and describe the kind of relationship you would like to build with each person.**

Suggestions for Weekly Goals - *continued*

Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client’s workbook.

- ▶ **I also would like to follow up with you about your life goal. Is there a weekly goal that you would like to set related to your Life Goal? We will review your goal at the beginning of our next session to see how you did.**



Discuss the goal with the client. Have the client record it on the Weekly Goal Card. Record it on the Individual Prevention Plan in the client’s workbook.

Substance Use Weekly Schedule

Distribute the Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, distribute the Substance Use Weekly Schedule worksheet. Ask the client to complete it prior to the next session.

Closing

Announce the day, date, and time of the next session.

Ask the client to share something he or she got out of, or liked best about today’s session. Model this by going first. Acknowledge and praise the client as appropriate.

Have the client identify benefits of participation in **CLEAR**. Ask the client the following questions:

- What did you like most about today’s session?
- What did you learn that you can apply to your life?
- What could be improved about today’s session?

END OF SESSION

Required Materials: Health Care Session 3

Handouts

- Assertive Communication Guidelines
- Guidelines for Being a Partner in Your Medical Care
- Rights and Responsibilities of People Living with HIV

Worksheets

- Characteristics of Communication

Laminated Cards and Additional Items

- Role-Play: Assertive Communication

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ Assertive Communication Guidelines

My Ideal Feeling Thermometer Range: _____

- I. The first component of assertive communication is “What to Say.”
 1. Use “I” statements.
 - ◆ Put your comments in terms of “I want” or “I need.”
 - ◆ DO NOT use “you should.”
 2. State what you need.
 - ◆ Let the other person know what you want them to do.
 - ◆ Avoid misunderstandings.
 - ◆ Don’t assume another person can read your mind.
- II. The second component of assertive communication is “How to Say It.”
 1. Say something positive.
 - ◆ It puts people in a better frame of mind.
 - ◆ They won’t be defensive.
 2. Listen to the other person and show you understand.
 - ◆ It helps when others think you can put yourself in their shoes.
 - ◆ It can change your own point of view.
 3. Provide information they need to know.
 - ◆ You may know more about what is important to you than they do.
 - ◆ Tell them what you think is important and give them the information they want.
 4. State your feelings in a non-hostile way. Use “I” statements. For example, “I feel frustrated because you don’t seem to be listening to me.”
 - ◆ If a conversation is not going well with another person, name the feeling, communicate it, and explain it.
 - ◆ Anger usually comes when you are feeling uncomfortable – more than a reading of 60 on the Feeling Thermometer. Try to communicate the feelings that you may be experiencing, such as frustration, hurt, rejection fear, or anxiety, when your Feeling Thermometer reading is still low.
 - ◆ When a person’s Feeling Thermometer reading is over 60 and he or she is feeling angry, it is common for that person to end up attacking the other person and communicating a blaming message.
 - ◆ Your interactions will go more smoothly if you communicate the feelings before they become too uncomfortable, and before they lead to anger.

This Page Intentionally Left Blank.

■ Guidelines for Being a Partner in Your Medical Care

Suggestions:

More suggestions:

Believe in yourself.

- Your medical care is all about you. You are worth it. Believe in yourself and your capacity to get what you need.

Make a plan to succeed.

- Make it a goal of yours to get the best possible treatment and care.
- Make a goal before each appointment so you know exactly what you want to accomplish.

Follow your plan.

- Inform your provider. Tell your health care provider about any recreational drugs you are using or alcohol you are consuming. There are certain HIV meds that interact with recreational drugs and your provider may have to alter your meds.
- Tell your health care provider what you think might help him or her give the best care, e.g., symptoms (be specific), allergies, previous illness.

Question your provider.

- Make a list of questions you want to ask before your appointment.
- If you don't understand something, ask your provider to explain the information so you can understand it.
- Keep asking until you understand.

Be assertive.

- Make it clear you want to be included when important decisions are being made about your care.

Be cautious.

- Don't sign consent forms unless you know what they mean.

Follow-up.

- Health care providers often say they will do things and then don't carry them out. It may be that they are too busy or the system doesn't work right to help them. It is critical to follow-up and continue requesting that they do what they agreed to.

■ Rights and Responsibilities of People Living With HIV

You have certain rights as a patient:

You have the right to the best medical care treatment possible. You have the right not to be discriminated against based on your sex, sexual orientation, religion, ethnic or national origin, source of payment, or history of drug use or of incarceration.

You have the right to know about your medications, what they do and their side effects. Ask your health care provider or pharmacist about side effects.

- You have a right to answers in words you understand.
- You have the right to refuse treatment or tests at any time.
- You have the right to disagree with your health care provider or to get a second opinion.
- You have the right to be treated with respect.
- You have the right to take anyone with you when you talk with your health care provider.
- You have the right to complete confidentiality.
- You have the right to choose the best medical care for you.

You also have certain responsibilities as a patient:

- You have the responsibility to be completely honest with your health care provider. Tell your provider about all medications, alternative treatments, and vitamins you're taking. Tell your provider about any allergies you have, and any alcohol or recreational or party drugs you use.
- You have the responsibility to listen to what your health care provider says.
- You have the responsibility to treat your health care provider with respect.
- You have the responsibility to tell your health care provider when you aren't doing or taking something that was prescribed. You should tell your provider why.
- You have the responsibility to choose a health care provider who works with you on your terms.
- You have the responsibility to ask questions until you understand.

This Page Intentionally Left Blank.

■ Characteristics of Communication

Characteristics of Communication		
Aggressive	Assertive	Passive

This Page Intentionally Left Blank.

■ Role Playing: Assertive Communication

The Busy Doctor

Patient:

My goal is to have the doctor explain to me how I am supposed to take my medicines.

- I am the patient and have been sitting in the waiting room for an hour. It's finally my turn to meet with the doctor.
- It seems like she's in a rush and doesn't have time to answer any of my questions.
- She also prescribed me a new medicine and I don't understand how I am supposed to take it.

Doctor:

My goal is to give the patient the best care possible, but quickly.

- You are the doctor. It has been a very busy day.
- There was an emergency at the hospital that you had to deal with and now your schedule is backed up. You need to see 4 more patients this hour, or else your supervisor is going to give you a hard time.
- You just prescribed a new medicine to the patient you are with and the directions are on the bottle. Also, you figure the pharmacist can answer any other questions the patient might have about how to take the meds.

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.



Choosing Life: Empowerment, Action, Results!

CLEAR Menu Sessions
Wrap Up

This page intentionally left blank.

CLEAR: Wrap Up!

How Do I Maintain the Changes I Have Made?

(60 Minutes)

Session Aims:

- To develop maintenance strategies for sustaining new behaviors.
- To give the client his or her workbook which can be used as a future resource.
- To provide an opportunity for the client to reflect on his or her experiences in **CLEAR**.
- To bring closure to the client's experience with **CLEAR**.

Summary of Activities:

Check-In (10 minutes)

- The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed, and the activities and purposes of the session are outlined.

What Do I Feel and Think About Maintaining the Changes I've Made? (15 minutes)

- The purposes of this activity are to assess the client's feelings and thoughts about maintaining his or her new behaviors, and to reframe defeating thoughts with **CLEAR Thoughts**.

How Do I Maintain the Changes I've Made? (20 minutes)

- The purpose of this activity is to develop strategies to maintain new behaviors for the long term.

Closure (15 minutes)

- The purposes of this activity are to bring closure to the **CLEAR** sessions. The client is given his or her workbook. The client has the opportunity to ask questions about the concepts in the program and to share thoughts about his or her experience with **CLEAR**.

Required Materials for Wrap Up:

Handouts

- None

Worksheets

- F-T-D Grid
- How Do I Maintain My New Behavior?

Wall Charts

- Feeling Thermometer
- Guidelines for Goal Setting
- SMART Problem-Solving Guidelines

Laminated Cards and Additional Items

- None

Materials Needed in Every Session

- Client Workbook
- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

Activity 1: Check-in

Time

- 10 minutes

Activity Materials

- Worksheet: Individual Prevention Plan

Counselor Note

The purposes of this activity are to set a positive tone for the session, create a safe environment, increase self-esteem, and shape positive behaviors. Goals set during the previous session are reviewed and the activities and purposes of the session are outlined.

Goal Check-In

- ▶ **Welcome back! Let's start off by sharing the positive steps you've taken over the past week.**
- ▶ **These positive steps might include the progress you made on your goals, something beneficial you did for yourself, or an important insight you gained about your thoughts, feelings, or behavior.**

Engage the client in a discussion. Encourage the client to report progress on the two goals set at the end of the last session:

1. A short-term weekly goal that supports accomplishment of the client's long-term life goal identified during Core Skill Session 2.
2. A short-term weekly goal that relates to the last session's topic and supports the client's prevention goal.

In response to accomplished goals:

- Praise the client's efforts and success.
- Relate the accomplished goal to the F-T-D framework.

In response to unaccomplished goals:

- Praise any small effort and approximations to achieving the goal.
 - ♦ In order to maintain a safe and non-judgmental environment and in response to clients who may lose their motivation by not having accomplished their goals, positively reframe the unaccomplished goal (i.e., “You did not accomplish your goal because you were trying to take care of yourself by not creating more stress.”).
 - ♦ Model goal setting by suggesting that perhaps the “right” goal was not chosen the previous week (e.g., “Maybe the goal was too difficult or could not realistically be accomplished within the designated time frame.”). Use this as an opportunity to emphasize the importance of setting realistic goals in order to optimize success.
- Identify barrier(s) to goal accomplishment and apply SMART Problem-Solving steps to any barrier(s).
- Relate the unaccomplished goal to the F-T-D framework.

Use the client’s Individual Prevention Plan worksheet to record his or her progress against each goal.

Substance Use Weekly Schedule



If the client has set a substance use prevention goal and completed the first Substance Use Risk Session, review the Substance Use Weekly Schedule worksheet. Allow time for the client to complete the worksheet if it has not been completed in advance of the meeting.

Introduction to Today’s Session

Introduce today’s session.

- ▶ **As we discussed in our previous session, today is our last session together. I want to congratulate you on reaching your goals!**
- ▶ **You have worked incredibly hard to get here today. You’ve faced a lot of challenges, both internal and external, to reaching your goals and have practiced new skills and techniques to overcome those challenges. To reach your goals you’ve had to replace your unwanted behaviors with new behaviors. Some of these new behaviors may now come easy to you and are well integrated into your life, while others may still need more practice.**

Introduction to Today's Session - *continued*

- ▶ **Today we are going to talk about a few topics to help us wrap up your experience with CLEAR. First, we're going to discuss your feelings and thoughts about maintaining your new behaviors for the long term. Then we will develop some strategies that can help you maintain them and increase your confidence. Finally, I'd like to hand over the workbook we've created together in our sessions. The workbook is a tangible account of all the hard work you have completed and can be used as a resource to remind you of how each skill and technique is used.**
- ▶ **Any questions before we get started?**

Answer any questions the client raises.

This page intentionally left blank.

Activity 2: What Do I Feel and Think About Maintaining the Changes I've Made?

Time

- 15 minutes

Activity Materials

- Worksheet: Individual Prevention Plan
- Worksheet: F-T-D Grid

Counselor Note

The purposes of this activity are to assess the client's feelings and thoughts about maintaining his or her new behaviors, and to reframe defeating thoughts with **CLEAR** Thoughts.

Goal Check-In

- ▶ **I'd like to start by reviewing the goals you have reached in your Individual Prevention Plan.**

Review the client's Individual Prevention Plan and discuss the behaviors he or she has changed.

Distribute the F-T-D grid worksheet. List the new behavior(s) under "Situation" on the F-T-D grid.

- ▶ **Achieving your goal(s) is a huge accomplishment that took a lot of hard work and required you to adopt a new behavior. The second challenge to your goal is maintaining this new behavior. Maintenance means continuing to practice your new behavior(s), and not going back to the old behavior(s).**
- ▶ **I'd like to discuss your level of confidence for maintaining each of your new behaviors. A good indication of your confidence is your Feeling Thermometer reading and thoughts about maintaining each behavior. A high Feeling Thermometer reading and unhelpful thoughts may indicate that you have a lot of discomfort about maintaining the behavior.**

F-T-D Grid



For each accomplished goal listed under “Situation,” probe with the following questions to complete the grid:

- What is your Feeling Thermometer reading when you think about maintaining this behavior?
- What physical sensations do you experience with this feeling?
- What thoughts go through your mind?
- Looking at your Feeling Thermometer and thoughts, do you think you are likely to maintain this new behavior?

Sample Completed F-T-D Grid

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action
Using condoms each time I have sex	30	A little nervous in my stomach	I can maintain this behavior. I've already had practice in this and it's gone pretty well.	Likely to maintain
Reduce my ecstasy use to once a month	90	Sweaty palms	I've been able to do this for the past two months, but... my friends are still into getting high almost every day. I don't know if I can do this.	Not likely to maintain

Point out the connection between feelings, thoughts, and actions. A high Feeling Thermometer reading may indicate the client has a lot of discomfort over his or her ability to maintain the new behavior, and defeating thoughts can indicate a lack of confidence to maintain the new behavior.

- ▶ **Having a high Feeling Thermometer reading and unhelpful thoughts can mean you do not have the confidence to maintain your new behaviors.**
- ▶ **What can you do to increase your confidence? Meaning, how can you lower your Feeling Thermometer and change your thoughts?**

Goal Check-In - *continued*

Encourage the client to replace unhelpful thoughts in the grid with CLEAR Thoughts.

- ▶ **How could you have argued against your unhelpful thoughts?**
- ▶ **What are some helpful things you could say to yourself?**
- ▶ **How could the outcome be different based on your thoughts?**
- ▶ **Great. If you think you can't do something, chances are you won't. If you think you can maintain your new behaviors, there's a good chance you will!**

This page intentionally left blank.

Activity 3: How Can I Maintain the Changes I've Made?

Time

- 20 minutes

Activity Materials

- Blank notebook paper
- Worksheet: How Do I Maintain My New Behavior?

Counselor Note

The purpose of this activity is to develop strategies to maintain new behaviors for the long term.

- ▶ **I'd like us to discuss some strategies for maintaining your new behaviors.**
- ▶ **We talked about replacing unhelpful thoughts with CLEAR Thoughts. What else do you think you can do to help maintain the changes you have made?**

On a sheet of notebook paper, write down the client's suggestions. If not mentioned by the client, include the following:

- Remind myself of the positive outcomes of making this behavior change.
- Learn how to handle people who do not reinforce my new behavior.
- ▶ **Those were some great suggestions. I'd like to expand on two strategies on this list. First is to identify the things, situations, and people that remind you of the positive outcomes of the changed behavior. Second is to identify ways of handling people who do not reinforce your change.**

Reminders

- ▶ Let's start by identifying the things, situation, and people that remind you of the positive outcomes of the changed behavior. For example, a person who completed a drug rehab program to quit injecting drugs found out that he was now eligible for housing vouchers. He now lives in his own apartment. His new apartment (thing) is an outcome of his behavior change and is a reminder of why he wants to maintain his new behavior.
- ▶ You can identify reminders by asking yourself the following four questions:
 - What are the positive outcomes of the change that I have made?
 - What things will reinforce my new behavior?
 - Who reinforces my new behavior?
 - In what situations are my new behaviors reinforced?
- ▶ Let's fill out this worksheet together.



Give the client a copy of the How Do I Maintain My New Behavior? worksheet. Use a fresh worksheet for each behavior the client would like to maintain. Answer each of the four questions.

- ▶ These are some amazing outcomes and reminders. Since we will no longer have the chance to meet as frequently, this list can remind you of the positive outcomes of the changes you've made and keep you motivated and focused, especially in challenging times.

Handling People Who Do Not Support Your Change

- ▶ When we make changes in our lives it affects our relationships with others. For example, a person has decided to no longer have unprotected sex when high and therefore no longer attends parties where that behavior is encouraged. He found that some of his friends were resistant to this change, and no longer invited him to any parties. Some of these friends have come around to support his decision but still there are others who continue to not support his new behavior.

Handling People Who Do Not Support Your Change - *continued*

- ▶ I'd like to know how the changes you have made affected your relationship with others. You don't have to give the names of specific people; you can just describe them, such as "friends that I usually party with on the weekends," or "one of my relatives."
- ▶ How has the changes you have made affected your relationship with others?
- ▶ Who has reinforced the changes you have made?
- ▶ Who does not reinforce the changes you have made?

On a sheet of paper list the people who reinforce and do not reinforce the client's new behaviors. Probe to understand how certain people reinforce or do not reinforce the client's changes.

- ▶ **Thanks for sharing. Let's brainstorm some ideas for how to handle people who do not support your change.**

If not suggested by the client, include the following ideas:

- Just as you are looking for reinforcement, try to offer the same to your friend/family member. Reinforce behaviors that you know he or she is trying to overcome. You can model for him or her how you would like to be treated for the changes you have made.
- Practice assertively telling him or her that is important for you to gain support for the changes you have made. Remember to use "I" statements and acknowledge how he or she feels.
- If the person tries to sabotage the changes you have made, it may be necessary to avoid him or her. Not everybody can be the supportive friend that you need.
- ▶ **Those were some great suggestions.**

This page intentionally left blank.

Activity 4: Closure

Time

- 15 minutes

Activity Materials

- Client workbook

Counselor Note

The purposes of this activity are to hand over the client's workbook and create closure for the client. In this activity the client has the opportunity to ask questions about the concepts in the program and to share thoughts about his or her experience with **CLEAR**.

- ▶ **We've learned some powerful concepts, skills, and techniques in our meetings together:**
 - **Ideal Self**
 - **Feeling Thermometer**
 - **Goal setting**
 - **SMART Problem-Solving**
 - **CLEAR Thinking**
 - **Understanding the link between feelings, thoughts, and actions**
 - **Assessing the pros and cons of making changes**
 - **Relaxation**
- ▶ **These are now part of your personal resources. You can use them whenever you want to handle difficult situations or to make changes in your life.**
- ▶ **We've worked really hard and the proof is in this workbook! I'd like to pass it on to you. It can refresh your memory on how to use these personal resources, and remind you that you can in fact create a life that reflects your values and aspirations.**

Give the client his or her workbook.

- ▶ **In these last moments we have together I'd like to give you the opportunity to ask me any remaining questions you might have or to share your thoughts about the program.**

Answer any remaining questions.

Praise the client for his or her commitment to completing CLEAR.

- ▶ **Congratulations!**

END OF SESSION

This page intentionally left blank.

Required Materials: for Wrap Up

Handouts

- None

Worksheets

- F-T-D Grid
- How Do I Maintain My New Behaviors?

Laminated Cards and Additional Items

- None

Materials Needed in Every Core Skill Session

- Goal Card
- Handout: Guidelines for Goal Setting
- Worksheet: Individual Prevention Plan
- Worksheet: Substance Use Weekly Schedule

This Page Intentionally Left Blank.

■ F-T-D Grid

Situation	Thermometer Reading	Physical Sensations	Thoughts	Action

This Page Intentionally Left Blank.

This Page Intentionally Left Blank.

■ Goal Card

Directions: Each goal card should be roughly the size of a business card (2"x3.5").

(Front)

<p>MY GOAL FOR NEXT WEEK</p> <p>Session Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

(Back)

<p>MY GOAL FOR NEXT WEEK</p> <p>Short-term Life Goal: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This Page Intentionally Left Blank.

■ **Guidelines for Goal Setting**

- **Important to you, and you are committed to it.**
- **Realistic. Not too hard and not too easy (40-60 on the Feeling Thermometer).**
- **Brief, specific, and clearly stated.**
- **Easy to tell when you have accomplished it.**

This Page Intentionally Left Blank.

Individual Prevention Plan



Use one sheet per prevention goal. Make photocopied of this sheet as necessary.

Client Name: _____ Client ID# _____

Long-Term Prevention Goal # _____

Long-Term Life Goal # _____

Date Developed: _____

Short-Term Weekly Goal Set During Each Session			Goal Accomplished	
			Yes	No
Date	Life Goal	Prevention Goal		
Goal Accomplished!				

Client's Signature: _____

Date: _____

Prevention Counselor Signature: _____

Date: _____

This Page Intentionally Left Blank.

■ Substance Use Weekly Schedule



- What did you use and how much?
- Where did you use?
- Who were you with when you used?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

This Page Intentionally Left Blank.

Appendix A

Citations of Articles on Original Research

Rotheram-Borus, M.J., Swendeman, D., Comulada, S. Weiss, R., & Lightfoot, M. (2004). Prevention for substance using HIV+ young people: telephone and in-person delivery. *JAIDS*, 37(Supp2), S68-S77.

Comulada, W. S., Swendeman, D. T., Rotheram-Borus, M. J., Mattes, K. M., & Weiss, R. E. (2003). Use of HAART among young people living with HIV. *American Journal of Health Behavior*, 27(4), 389-400.

Lightfoot, M. Swendeman, D., Rotheram-Borus, M.J., Comulada, S., & Weiss, R. (2005). Risk behaviors of youth living with HIV: Pre- and post-HAART. *American Journal of Health Behavior*, 29(2), 162-171.

Swendeman, D., Rotheram-Borus, M.J., Comulada, S., Weiss, R., & Ramos, M.E. (2006). HIV-related stigma among young people living with HIV. *Health Psychology*, 25(4), 501-509.

Lightfoot, M., Rotheram-Borus, M. J., & Tevendale, H. (2007). An HIV-preventive intervention for youth living with HIV. *Behavior Modification*, 31(3), 345-363.

Lightfoot, M., Tevendale, H., Comulada, S., & Rotheram-Borus, M. J. (2007). Who benefited from an efficacious intervention for youth living with HIV: A moderator analysis. *AIDS & Behavior*, 11(1), 61-70.

Ewart, Craig K. Social action theory for a public health psychology. *American Psychologist*, 46(9), 921-930



This page intentionally left blank.

Appendix B

Recruitment of Clients



This page intentionally left blank.

Recruitment of Clients

Develop a recruitment plan. The plan should identify the following:

Goal

Determine the number of potential clients desired for the program.

Recruitment Venues

- Your own agency.
- Other agencies serving young people living with HIV.
- Clinics serving young people living with HIV.
- Faith-based groups attended by young people living with HIV.
- Popular online destinations and community bulletin boards (e.g., Craigslist).
- Other venues where young people living with HIV gather.

The Project CLEAR Pitch

Develop talking points to describe **Project CLEAR** and what it offers clients. The talking points may address the target population, eligibility criteria, program goals, and the core elements and cognitive behavior techniques utilized.

Recruitment/Marketing Tools

- Assess agency resources available to produce fliers, brochures, posters, etc.
- Determine strategic placement of marketing materials.

Use Your Community Advisory Group to Test Ideas

- Use the community advisory group your agency assembled to test the ideas contained in your recruitment plan.
- Discuss with the groups questions such as:
 - ◆ What is the best place to recruit?
 - ◆ What are the best recruiting strategies for your population?
 - ◆ What might motivate members of the target population to attend **Project CLEAR**?

WHAT DO YOU WANT?

To stay **HEALTHY**?

To **PROTECT YOURSELF** and other people?

To **UNDERSTAND** your feelings?

To set and meet **GOALS**?

To **SOLVE PROBLEMS**?

To be **MORE ASSERTIVE**?

Project CLEAR

A one-on-one intervention for youth and adults living with HIV.

IT CAN CHANGE YOUR LIFE.



For information, contact **555-5555**

Appendix C

Suggestions for Handling Challenging Behaviors



This page intentionally left blank.

Suggestions for Handling Problem Behavior

BEHAVIOR	POSSIBLE CAUSES	COUNSELOR RESPONSES
Client argues frequently	<ul style="list-style-type: none"> • Wants to keep people from getting close. • Angry about something. • Upset about SMART problems. • Needs to dominate. • Thinks arguing demonstrates intelligence. • Doesn't know another way to interact. 	<ul style="list-style-type: none"> • Obtain Feeling Thermometer reading. • Use relaxation exercises to bring the tension level down if needed. • Find points in what the person is saying that have merit. • Engage the person in an assertiveness role play. • Have the person practice self-talk in a provocative situation. • Have the group brainstorm pros and cons regarding the points being made. • Ask what is bothering the person.
Client won't talk	<ul style="list-style-type: none"> • Is frightened. • Feels insecure. • Is bored. • Is indifferent. • Feels superior. • Knows all the answers, or thinks he or she does. • Wants to be drawn out. • Is depressed. 	<ul style="list-style-type: none"> • Give praise for any small response. • Obtain Feeling Thermometer reading and discuss. • Ask for help in reading a script or role playing. • If the person is depressed, provide a referral for individual counseling.
Client complains frequently	<ul style="list-style-type: none"> • Client is eager to share and earn praise. • Client needs to show off and receive attention. • Client may know a great deal and want to show it. • Client typically talks a great deal. • Client may feel nervous or insecure. • Client may not see value in self or in life. 	<ul style="list-style-type: none"> • Don't put participant down. • Ask thoughtful questions to make the person pause.
Client rambles	<ul style="list-style-type: none"> • Anxious. • Isn't clear about topic. • Wants to contribute but doesn't know how. • Has trouble concentrating. • Bothered by dysfunctional thoughts. • Is trying to impress but unsure. 	<ul style="list-style-type: none"> • Orient to the topic. • Interrupt with a question about the topic at hand. • Give praise and Thanks Tokens for any comments that lead back to topic. • Say, "That's interesting, but I don't think Project CLEAR relates to this". • Model staying on target.
Client takes a stand and refuses to change	<ul style="list-style-type: none"> • Believes strongly in a particular point of view. • Connects position with self-esteem. • Is opinionated. • Hasn't understood other points of view. • Feels threatened. 	<ul style="list-style-type: none"> • Ask the person to argue against own viewpoint. • Get Feeling Thermometer readings and explore source of any discomfort.
Client focuses on wrong topic	<ul style="list-style-type: none"> • Has a personal agenda. • Needs to feel assertive. • Doesn't want to deal with the topic at hand. 	<ul style="list-style-type: none"> • Take the blame. Say, "Something I said must have gotten you off the topic. We're talking about _____". • Try to find out if the topic the person is on has a personal significance. • Ask the person to think about the correct topic and then give a Feeling Thermometer reading; explore where any discomfort is coming from.
Client constantly seeks the Counselor's point of view	<ul style="list-style-type: none"> • Wants attention or praise. • Looking for advice. • Trying to copy the Counselor's behavior. • Doesn't understand what position is the best one to take. • Wants to challenge the Counselor. 	<ul style="list-style-type: none"> • Give praise for participating and paying attention. • Give direct answers if appropriate. • Don't take away the person's opportunity to solve his or her own problem.

Suggestions for Handling Problem Behavior - *continued*

BEHAVIOR	POSSIBLE CAUSES	COUNSELOR RESPONSES
Client makes incorrect statements	<ul style="list-style-type: none">• Doesn't know the facts.• Believes myths about the topic.• Goes along with peer group distortions.	<ul style="list-style-type: none">• Ask the person what the consequences of the statement would be.• Accept that the person does believe it with, "I can see how you feel," or, "That's one way of looking at it".• Say, "I see your point, but how does it fit with _____?"• Make sure the person doesn't end up feeling stupid or embarrassed.
Client is consistently late	<ul style="list-style-type: none">• Has outside responsibilities that interfere (child care, job, and school).	<ul style="list-style-type: none">• Speak to client and discover why; problem-solve a solution; set boundaries.
Client comes to session drunk or high	<ul style="list-style-type: none">• One-time slip up.• Dependency problem.	<ul style="list-style-type: none">• Refer to ground rules and ask client to leave until sober.

Appendix D

**Sample Outcome Monitoring Form and Project CLEAR
Pre- and Post-Inventory Survey**



This page intentionally left blank.

Sample Outcome Monitoring Form and Project CLEAR Pre- and Post-Intervention Survey

Each agency's funding source will have different requirements for process monitoring, process evaluation, and outcome monitoring. This Appendix includes forms that are supplied as suggestions. Each can be modified to fit your agency's requirements, target population, resources, and needs. Included are a Sample Outcome Monitoring Form, and a Pre- and Post-Intervention Survey. Agencies should consult their funder for evaluation requirements and standards.

Sample Outcome Monitoring Form

Condom Use and Sexual Risk Behaviors

Initial Outcome Monitoring Interview

Follow-up Outcome Monitoring Interview

GENERAL SEXUAL ACTIVITY

1. During the past 12 months, have you had sex with anyone?

[1] Yes

[2] No (Skip to Q 10)

[9] Refused

2. During the past 12 months, have you had sex with only males, only females, or both?

[1] Only males

[2] Only females

[3] Both males and females

[9] Refused

1. Since your last interview, have you had sex with anyone?

[1] Yes

[2] No (Skip to Q 15)

[9] Refused

2. Since your last interview, have you had sex with only males, only females, or both?

[1] Only males

[2] Only females

[3] Both males and females

[9] Refused

SEX AND CONDOM USE WITH MAIN PARTNERS

3. During the past 12 months, have you had a main sex partner?

[1] Yes

[2] No (Skip to Q 7)

[9] Refused

4. Is your main sex partner male or female?

[1] Male

[2] Female

[9] Refused

5. The last time you had sex with your main partner, what type of sex did you have? (Check all that apply)

[1] Oral

[2] Vaginal

[3] Anal

[4] Other (Specify _____)

[9] Refused

3. Since your last interview, have you had a main sex partner?

[1] Yes

[2] No (Skip to Q 7)

[9] Refused

4. Is your main sex partner male or female?

[1] Male

[2] Female

[9] Refused

5. The last time you had sex with your main partner, what type of sex did you have? (Check all that apply)

[1] Oral

[2] Vaginal

[3] Anal

[4] Other (Specify _____)

[9] Refused

6. The last time you had sex with your main partner, did you or your partner use a condom?

[1] Yes

[2] No

[8] Cannot Remember/Don't Know

[9] Refused

6. The last time you had sex with your main partner, did you or your partner use a condom?

[1] Yes

[2] No

[8] Cannot Remember/Don't Know

[9] Refused

Condom Use and Sexual Risk Behaviors

Initial Outcome Monitoring Interview

Follow-up Outcome Monitoring Interview

SEX AND CONDOM USE WITH NON-MAIN PARTNERS

- 7. During the past 12 months, have you had sex with someone who is not your main partner or whom you did not consider your main partner at that time?
[1] Yes
[2] No (Skip to Q 10)
[9] Refused

- 8. The last time you had sex with someone who is not your main partner, what type of sex did you have? (Check all that apply)
[1] Oral
[2] Vaginal
[3] Anal
[4] Other (Specify _____)
[9] Refused

- 9. The last time you had sex with someone who is not your main partner, did you or your partner use a condom?
[1] Yes
[2] No
[8] Cannot Remember/Don't Know
[9] Refused

- 7. Since your last interview, have you had sex with someone who is not your main partner or whom you did not consider your main partner at that time?
[1] Yes
[2] No (Skip to Q 10)
[9] Refused

- 8. The last time you had sex with someone who is not your main partner, what type of sex did you have? (Check all that apply)
[1] Oral
[2] Vaginal
[3] Anal
[4] Other (Specify _____)
[9] Refused

- 9. The last time you had sex with someone who is not your main partner, did you or your partner use a condom?
[1] Yes
[2] No
[8] Cannot Remember/Don't Know
[9] Refused

SEX PARTNER RISKS

- 10. Have you ever had sex in exchange for money, drugs, or shelter?
[1] Yes
[2] No
[8] Cannot Remember/Don't Know
[9] Refused

- 11. Have you ever had sex with someone whom you knew or suspected of having HIV/AIDS?
[1] Yes
[2] No
[8] Don't Know
[9] Refused

- 12. Have you ever had sex with someone whom you knew or suspected of being an injecting drug user?
[1] Yes
[2] No
[8] Don't Know
[9] Refused

- 10. Since your last interview, have you had sex in exchange for money, drugs, or shelter?
[1] Yes
[2] No
[8] Cannot Remember/Don't Know
[9] Refused

- 11. Since your last interview, have you had sex with someone whom you knew or suspected of having HIV/AIDS?
[1] Yes
[2] No
[8] Don't Know
[9] Refused

- 12. Since your last interview, have you ever had sex with someone whom you knew or suspected of being an injecting drug user?
[1] Yes
[2] No
[8] Don't Know
[9] Refused

Sample Outcome Monitoring Form - *continued*

Condom Use and Sexual Risk Behaviors

Initial Outcome Monitoring Interview

Follow-up Outcome Monitoring Interview

SEX PARTNER RISKS

13. The last time you had sex, did you use injected drugs or alcohol?

- [1] Yes
- [2] No
- [8] Cannot Remember
- [9] Refused

14. The last time you had sex, did you use any non-injected drugs or alcohol?

- [1] Yes
- [2] No
- [8] Cannot Remember
- [9] Refused

13. The last time you had sex, did you use injected drugs or alcohol?

- [1] Yes
- [2] No
- [8] Cannot Remember
- [9] Refused

14. The last time you had sex, did you use any non-injected drugs or alcohol?

- [1] Yes
- [2] No
- [8] Cannot Remember
- [9] Refused

STD/HIV STATUS

15. During the past 12 months, has anyone told you that you had a sexually transmitted disease, or STD, for example, herpes, gonorrhea, chlamydia, genital warts?

- [1] Yes
- [2] No
- [8] Cannot Remember/Don't Know
- [9] Refused

16. Have you ever been told by a doctor or other health professional that you were infected with HIV or that you have AIDS?

- [1] Yes
- [2] No
- [8] Cannot Remember/Don't Know
- [9] Refused

15. Since your last interview, has anyone told you that you had a sexually transmitted disease, or STD, for example, herpes, gonorrhea, chlamydia, genital warts?

- [1] Yes
- [2] No
- [8] Cannot Remember/Don't Know
- [9] Refused

16. Since your last interview, have you ever been told by a doctor or other health professional that you were infected with HIV or that you have AIDS?

- [1] Yes
- [2] No
- [8] Cannot Remember/Don't Know
- [9] Refused

Project CLEAR Pre- and Post-Intervention Survey

Please answer the following questions to help <Name of Implementing Agency> and its HIV prevention programs gather information to help with their HIV prevention efforts. Your answers are anonymous. Thanks for your help.

1. How old are you? _____

Please circle the number next to the response which best reflects your answer.

2. What is your sex? Female..... 1 Male 2 Transgender 3

3. What is your ethnicity?

Asian/Pacific Islander 1 Native American 4
African American..... 2 Caucasian 5
Latino/a 3 Other _____ 6 (Please Specify)

4. How do you identify yourself? (Circle one)

Homosexual/Gay 1 Bisexual 2 Heterosexual 3

5. What is the zip code where you live? _____

6. Do you live in <local city>? Yes. . . . 1 No. . . . 2

7. Do you work in <local city>? Yes. . . . 1 No. . . . 2

To help prevent the spread of HIV, the <Name of Implementing Agency> needs to know about risk behaviors of young people. Some of these questions are personal. You may choose not to answer any questions. We appreciate your cooperation in answering the following questions. Please check the box next to the response which best reflects your answer.

8. In the last 3 months, have you had sex?

- Yes
- No (Skip to Question #12)
- Refused to Answer (Ref)

9. If yes, how many sex partners did you have?

Number of men _____
Number of women _____
Don't Know (DK) _____
Refused to Answer (Ref) _____

10. In the last 3 months, how often did you or your partner(s) use condoms for anal sex?

- Always
- Most of the time
- Sometimes
- Never
- Don't Know (DK)
- Refused to Answer (Ref)
- Not Applicable (NA)

11. In the past 3 months, have you had unprotected sex with someone whom you knew had HIV/AIDS?

- Yes
- No
- Don't Know (DK)
- Refused to Answer (Ref)

12. In the past 3 months, did you use? (Check all that apply)

- Crystal
- Ecstasy
- Cocaine
- Crack
- Heroin
- Amphetamine/Speed (pills)
- Downers/Tranquilizers (Valium, etc.)
- Nitrites
- LSD
- Inhalants
- Alcohol
- Other: (Specify): _____

13. In the last 3 months, did you have sex with someone while you were high on drugs and/or alcohol?

- Yes
- No
- Don't Know (Dk)
- Refused to Answer (Ref)

Please answer the following true or false statements regarding HIV safer sex behaviors and HIV testing. Circle T if you think the statement is True and F if you think the statement is False.

14. It takes a minimum of three weeks after exposure before the HIV antibody will show up on an HIV test.

- T
- F

15. Using heavy drugs or alcohol before sex can impair your judgment about condom use.

- T
- F

16. You can prevent the transmission of HIV during anal sex by withdrawing before ejaculation.

- T
- F

17. You can prevent the transmission of HIV during anal sex by using a latex condom and water-based lubricant.

- T
- F

Thank you for completing this survey.

Appendix E

CDC Information and Guidelines

- **The ABC's of SMART Behavior**
- **CDC Content and Review Guidelines for HIV Programs**
- **Male Latex Condoms and Sexually Transmitted Diseases**
- **CDC Statement on Nonoxynol-9 Spermicide Contraception Use-US (1999)**
- **CDC Statement for Study Results of Product Containing Nonoxynol-9 (2000)**



This page intentionally left blank.

The ABCs of SMART Behavior

To Avoid or Reduce the Risk for HIV

A Stands for abstinence.

B Stands for being faithful to a single sexual partner.

C Stands for using condoms consistently and correctly.

This page intentionally left blank.

CDC Content and Review Guidelines

for HIV Programs

Centers for Disease Control and Prevention

Revised Interim HIV Content Guidelines for AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments and Educational Sessions for CDC Assistance Programs

I. Basic Principles

Controlling the spread of HIV infection and the occurrence of AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasize the ways by which individuals can protect themselves from acquiring the virus. These methods include abstinence from illegal use of IV drugs as well as from sexual intercourse except in a mutually monogamous relationship with an uninfected partner.

For those individuals who do not or cannot cease risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages are often controversial. The principles contained in this document are intended to provide guidance for the development and use of HIV/AIDS-related educational materials developed or acquired in whole or in part using CDC HIV prevention funds and to require the establishment of at least one Program Review Panel by state and local health departments, to consider the appropriateness of messages designed to communicate with various groups. State and local health departments may, if they deem it appropriate, establish multiple Program Review Panels to consider the appropriateness of messages designed to communicate with various groups.

A. Written materials (e.g., pamphlets, brochures, curricula, fliers), audiovisual materials (e.g., motion pictures and videotapes), pictorials (e.g., posters and similar educational materials using photographs, slides, drawings or paintings) and marketing, advertising, Web site-based HIV/AIDS educational materials, questionnaires or survey instruments should use terms, descriptors or displays necessary for the intended audience to understand dangerous behaviors and explain practices that eliminate or reduce the risk of HIV transmission.

B. Written materials, audiovisual materials, pictorials and marketing, advertising, Web site-based HIV/AIDS educational materials, questionnaires or survey instruments should be reviewed by a Program Review Panel established by a state or local health department, consistent with the provisions of section 2500(b), (c) and (d) of the Public Health Service Act, 42 U.S.C. Section 300ee(b), (c) and (d), as follows:

SEC. 2500. USE OF FUNDS.

(b) Contents of Programs.--All programs of education and

information receiving funds under this title shall include information about the harmful effects of promiscuous sexual activity and intravenous substance abuse and the benefits of abstaining from such activities.

(c) Limitation.--None of the funds appropriated to carry out this title may be used to provide education or information designed to promote or encourage, directly, homosexual or heterosexual sexual activity or intravenous substance abuse.

(d) Construction.--Subsection (c) may not be construed to restrict the ability of an educational program that includes the information required in subsection (b) to provide accurate information about various means to reduce an individual's risk of exposure to or to transmission of, the etiologic agent for acquired immune deficiency syndrome, provided that any informational materials used are not obscene.

C. Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.

D. Program Review Panels must ensure that the title of materials developed and submitted for review reflects the content of the activity or program.

E. When HIV materials include a discussion of condoms, the materials must comply with Section 317P of the Public Health Service Act, 42 U.S.C. Section 247b-17, which states in pertinent part:

“educational materials . . . that are specifically designed to address STDs . . . shall contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STD the materials are designed to address.”

II. Program Review Panel

Each recipient will be required to identify at least one Program Review Panel, established by a state or local health department from the jurisdiction of the recipient. These Program Review Panels will review and approve all written materials, pictorials, audiovisuals, marketing, advertising and Web site materials, questionnaires or survey instruments (except questionnaires or survey instruments previously reviewed by an Institutional Review Board--these questionnaires or survey instruments are limited to use in the designated research project). The requirement applies regardless of whether the applicant plans to conduct the total program activities or plans to have part of them conducted through other organization(s) and whether program activities involve creating unique materials or using/distributing modified or intact materials already developed by others. Materials developed by the U.S. Department of Health and Human Services do not need to be reviewed by a panel. Members of a Program Review Panel should understand how HIV is and is not transmitted and understand the epidemiology and extent of the HIV/AIDS problem in the local population and the specific audiences for which materials are intended.

A. The Program Review Panel will be guided by the CDC Basic Principles (see Section I above) in conducting such reviews. The panel is authorized to review materials only and is not empowered either to evaluate the proposal as a whole or to replace any internal review panel or procedure of the recipient organization or local governmental jurisdiction.

B. Applicants for CDC assistance will be required to include in their applications the following:

1. Identification of at least one panel, established by a state or local health department, of no less than five persons who represent a reasonable cross-section of the jurisdiction in which the program is based. Since Program Review Panels review materials for many intended audiences, no single intended audience shall dominate the composition of the Program Review Panel, except as provided in subsection d below.

In addition:

a. Panels that review materials intended for a specific audience should draw upon the expertise of individuals who can represent cultural sensitivities and language of the intended audience, either through representation on the panel or as consultants to the panels.

b. Panels must ensure that the title of materials developed and submitted for review reflect the content of the activity or program.

c. The composition of Program Review Panels must include an employee of a state or local health department with appropriate expertise in the area under consideration, who is designated by the health department to represent the department on the panel.

d. Panels reviewing materials intended for racial and ethnic minority populations must comply with the terms of a-c above. However, membership of the Program Review Panel may be drawn predominantly from such racial and ethnic populations.

2. A letter or memorandum to the applicant from the state or local health department, which includes:

a. Concurrence with this guidance and assurance that its provisions will be observed.

b. The identity of members of the Program Review Panel, including their names, occupations and any organizational affiliations that were considered in their selection for the panel.

C. When a cooperative agreement/grant is awarded and periodically thereafter, the recipient will:

1. Present for the assessment of the appropriately identified Program Review Panel(s) established by a state or local health department, copies of written materials, pictorials, audiovisuals and marketing, advertising, Web site HIV/AIDS educational materials, questionnaires and surveys proposed to be used. The Program Review Panel shall pay particular attention to ensure that none of the above materials violate the provisions of Sections 2500 and 317P of the Public Health Service Act.

2. Provide for assessment by the appropriately identified Program Review Panel(s) established by a state or local health department, the text, scripts or detailed descriptions for written materials, pictorials, audiovisuals and marketing, advertising and Web site materials that are under development.

3. Prior to expenditure of funds related to the ultimate program use of these materials, assure that its project files contain a statement(s) signed by the chairperson of the appropriately identified

Program Review Panel(s) established by a state or local health department, specifying the vote for approval or disapproval for each proposed item submitted to the panel.

4. Include a certification that accountable state or local health officials have independently reviewed written materials, pictorials, audiovisuals and marketing, advertising and Web site materials for compliance with Section 2500 and 317P of the Public Health Service Act and approved the use of such materials in their jurisdiction for directly and indirectly funded community-based organizations.

5. As required in the notice of grant award, provide to CDC in regular progress reports, signed statement(s) of the chairperson of the Program Review Panel(s) specifying the vote for approval or disapproval for each proposed item that is subject to this guidance.

D. CDC-funded organizations, which are national or regional (multi-state) in scope or that plan to distribute materials as described above to other organizations on a national or regional basis, must identify a single Program Review Panel to fulfill this requirement. Those guidelines identified in Sections I.A. through I.D. and II.A. through II.C. outlined above also apply. In addition, such national/ regional panels must include, as a member, an employee of a state or local health department.

[Federal Register Doc. 04-13553, Filed 6-15-04, 8:45 am]



For more information
CDC's National Prevention Information Network
800) 458-5231 or www.cdcnpin.org

CDC National STD/HIV Hotline
(800) 227-8922 or (800) 342-2437
En Español (800) 344-7432
www.cdc.gov/std

Fact Sheet for Public Health Personnel:

Male Latex Condoms and Sexually Transmitted Diseases

In June 2000, the National Institutes of Health (NIH), in collaboration with the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the United States Agency for International Development (USAID), convened a workshop to evaluate the published evidence establishing the effectiveness of latex male condoms in preventing STDs, including HIV. A summary report from that workshop was completed in July 2001 (<http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>). This fact sheet is based on the NIH workshop report and additional studies that were not reviewed in that report or were published subsequent to the workshop (see "Condom Effectiveness" for additional references). Most epidemiologic studies comparing rates of STD transmission between condom users and non-users focus on penile-vaginal intercourse.

Recommendations concerning the male latex condom and the prevention of sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV), are based on information about how different STDs are transmitted, the physical properties of condoms, the anatomic coverage or protection that condoms provide, and epidemiologic studies of condom use and STD risk.

The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected.

For persons whose sexual behaviors place them at risk for STDs, correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, no protective method is 100 percent effective, and condom use cannot guarantee absolute protection against any STD. Furthermore, condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV and other STDs. In order to achieve the protective effect of condoms, they must be used correctly and consistently. Incorrect use can lead to condom slippage or breakage, thus diminishing their protective effect. Inconsistent use, e.g., failure to use condoms with every act of intercourse, can lead to STD transmission because transmission can occur with a single act of intercourse.

While condom use has been associated with a lower risk of cervical cancer, the use of condoms should not be a substitute for routine screening with Pap smears to detect and prevent cervical cancer.

Sexually Transmitted Diseases, Including HIV

Sexually transmitted diseases, including HIV

Latex condoms, when used consistently and correctly, are highly effective in preventing transmission of HIV, the virus that causes AIDS. In addition, correct and consistent use of latex condoms can reduce the risk of other sexually transmitted diseases (STDs), including discharge and genital ulcer diseases. While the effect of condoms in preventing human papillomavirus (HPV) infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.

There are two primary ways that STDs can be transmitted. Human immunodeficiency virus (HIV), as well as gonorrhea, chlamydia, and trichomoniasis – the discharge diseases – are transmitted when infected semen or vaginal fluids contact mucosal surfaces (e.g., the male urethra, the vagina or cervix). In contrast, genital ulcer diseases – genital herpes, syphilis, and chancroid – and human papillomavirus are primarily transmitted through contact with infected skin or mucosal surfaces.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Condoms can be expected to provide different levels of protection for various sexually transmitted diseases, depending on differences in how the diseases are transmitted. Because condoms block the discharge of semen or protect the male urethra against exposure to vaginal secretions, a greater level of protection is provided for the discharge diseases. A lesser degree of protection is provided for the genital ulcer diseases or HPV because these infections may be transmitted by exposure to areas, e.g., infected skin or mucosal surfaces, that are not covered or protected by the condom.

Epidemiologic studies seek to measure the protective effect of condoms by comparing rates of STDs between condom users and nonusers in real-life settings. Developing such measures of condom effectiveness is challenging. Because these studies involve private behaviors that investigators cannot observe directly, it is difficult to determine accurately whether an individual is a condom user or whether condoms are used consistently and correctly. Likewise, it can be difficult to determine the level of exposure to STDs among study participants. These problems are often compounded in studies that employ a “retrospective” design, e.g., studies that measure behaviors and risks in the past.

As a result, observed measures of condom effectiveness may be inaccurate. Most epidemiologic studies of STDs, other than HIV, are characterized by these methodological limitations, and thus, the results across them vary widely--ranging from demonstrating no protection to demonstrating substantial protection associated with condom use. This inconclusiveness of epidemiologic data about condom effectiveness indicates that more research is needed--not that latex condoms do not work. For HIV infection, unlike other STDs, a number of carefully conducted studies, employing more rigorous methods and measures, have demonstrated that consistent condom use is a highly effective means of preventing HIV transmission.

Another type of epidemiologic study involves examination of STD rates in populations rather than individuals. Such studies have demonstrated that when condom use increases within population groups, rates of STDs decline in these groups. Other studies have examined the relationship between condom use and the complications of sexually transmitted infections. For example, condom use has been associated with a decreased risk of cervical cancer – an HPV associated disease.

The following includes specific information for HIV, discharge diseases, genital ulcer diseases and human papillomavirus, including information on laboratory studies, the theoretical basis for protection and epidemiologic studies.

HIV / AIDS

HIV, the virus that causes AIDS

Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS.

AIDS is, by far, the most deadly sexually transmitted disease, and considerably more scientific evidence exists regarding condom effectiveness for prevention of HIV infection than for other STDs. The body of research on the effectiveness of latex condoms in preventing sexual transmission of HIV is both comprehensive and conclusive. In fact, the ability of latex condoms to prevent transmission of HIV has been scientifically established in “real-life” studies of sexually active couples as well as in laboratory studies.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Latex condoms cover the penis and provide an effective barrier to exposure to secretions such as semen and vaginal fluids, blocking the pathway of sexual transmission of HIV infection.

Epidemiologic studies that are conducted in real-life settings, where one partner is infected with HIV and the other partner is not, demonstrate conclusively that the consistent use of latex condoms provides a high degree of protection.

Discharge Diseases, Including Gonorrhea, Chlamydia, and Trichomoniasis.

Discharge diseases, other than HIV

Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea, chlamydia, and trichomoniasis.

Gonorrhea, chlamydia, and trichomoniasis are termed discharge diseases because they are sexually transmitted by genital secretions, such as semen or vaginal fluids. HIV is also transmitted by genital secretions.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. The physical properties of latex condoms protect against discharge diseases such as gonorrhea, chlamydia, and trichomoniasis, by providing a barrier to the genital secretions that transmit STD-causing organisms.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of chlamydia, gonorrhea and trichomoniasis. However, some other epidemiologic studies show little or no protection against these infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against the discharge diseases. More research is needed to assess the degree of protection latex condoms provide for discharge diseases, other than HIV.

Genital Ulcer Diseases and Human Papillomavirus

Genital ulcer diseases and HPV infections

Genital ulcer diseases and HPV infections can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Correct and consistent use of latex condoms can reduce the risk of genital herpes, syphilis, and chancroid only when the infected area or site of potential exposure is protected. While the effect of condoms in preventing human papillomavirus infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.

Genital ulcer diseases include genital herpes, syphilis, and chancroid. These diseases are transmitted primarily through “skin-to-skin” contact from sores/ulcers or infected skin that looks normal. HPV infections are transmitted through contact with infected genital skin or mucosal surfaces/fluids. Genital ulcer diseases and HPV infection can occur in male or female genital areas that are, or are not, covered (protected by the condom).

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Protection against genital ulcer diseases and HPV depends on the site of the sore/ulcer or infection. Latex condoms can only protect against transmission when the ulcers or infections are in genital areas that are covered or protected by the condom. Thus, consistent and correct use of latex condoms would be expected to protect against transmission of genital ulcer diseases and HPV in some, but not all, instances.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of syphilis and genital herpes. However, some other epidemiologic studies show little or no protection. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against the genital ulcer diseases. No conclusive studies have specifically addressed the transmission of chancroid and condom use, although several studies have documented a reduced risk of genital ulcers in settings where chancroid is a leading cause of genital ulcers. More research is needed to assess the degree of protection latex condoms provide for the genital ulcer disease.

While some epidemiologic studies have demonstrated lower rates of HPV infection among condom users, most have not. It is particularly difficult to study the relationship between condom use and HPV infection because HPV infection is often intermittently detectable and because it is difficult to assess the frequency of either existing or new infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against HPV infection.

A number of studies, however, do show an association between condom use and a reduced risk of HPV-associated diseases, including genital warts, cervical dysplasia and cervical cancer. The reason for lower rates of cervical cancer among condom users observed in some studies is unknown. HPV infection is believed to be required, but not by itself sufficient, for cervical cancer to occur. Co-infections with other STDs may be a factor in increasing the likelihood that HPV infection will lead to cervical cancer. More research is needed to assess the degree of protection latex condoms provide for both HPV infection and HPV-associated disease, such as cervical cancer.

Department of Health and Human Services

<p>For additional information on condom effectiveness, contact CDC's National Prevention Information Network (800) 458-5231 or www.cdcnpin.org</p>
--

This page intentionally left blank.

**MMWR***Weekly*

May 10, 2002 / 51(18);389-392

Nonoxynol-9 Spermicide Contraception Use --- United States, 1999

Most women in the United States with human immunodeficiency virus (HIV) become infected through sexual transmission, and a woman's choice of contraception can affect her risk for HIV transmission during sexual contact with an infected partner. Most contraceptives do not protect against transmission of HIV and other sexually transmitted diseases (STDs) (1), and the use of some contraceptives containing nonoxynol-9 (N-9) might increase the risk for HIV sexual transmission. Three randomized, controlled trials of the use of N-9 contraceptives by commercial sex workers (CSWs) in Africa failed to demonstrate any protection against HIV infection (2--4); one trial showed an increased risk (3). N-9 contraceptives also failed to protect against infection with *Neisseria gonorrhoeae* and *Chlamydia trachomatis* in two randomized trials (5,6), one among African CSWs and one among U.S. women recruited from an STD clinic. Because most women in the African studies had frequent sexual activity, had high-level exposure to N-9, and probably were exposed to a population of men with a high prevalence of HIV/STDs, the implications of these studies for U.S. women are uncertain. To determine the extent of N-9 contraceptive use among U.S. women, CDC assessed data provided by U.S. family planning clinics for 1999. This report summarizes the results of that assessment, which indicate that some U.S. women are using N-9 contraceptives. Sexually active women should consider their individual HIV/STD infection risk when choosing a method of contraception. Providers of family planning services should inform women at risk for HIV/STDs that N-9 contraceptives do not protect against these infections.

CDC collected information on types of N-9 contraceptives purchased and family planning program (FPP) guidelines for N-9 contraceptive use. The national FPP, authorized by Title X of the Public Health Service Act, serves approximately 4.5 million predominantly low-income women each year. Program data for 1999 were obtained from all 10 U.S. Department of Health and Human Services (HHS) regions on the number of female clients and the number of female clients who reported use of N-9 contraceptives or condoms as their primary method of contraception. CDC obtained limited purchase data for 1999 for specific N-9 contraceptives and program guidelines from eight state/territorial FPPs within six HHS regions. State health departments, family planning grantees, and family planning councils were contacted to request assistance in collecting data on purchasing patterns of the 91 Title X grantees; of the 12 FPPs that responded, eight provided sufficient data for analysis.

In 1999, a total of 7%--18% of women attending Title X clinics reported using condoms as their primary method of contraception. Data on the percentage of condoms lubricated with N-9 were not available. A total of 1%--5% of all women attending Title X clinics reported using N-9 contraceptives (other than condoms) as their primary method of contraception (Table 1). Among the eight FPPs that provided purchase data, most (87%) condoms were N-9--lubricated (Table 2). All eight FPPs purchased N-9 contraceptives (i.e., vaginal films and suppositories, jellies, creams, and foams) to be used either alone or in combination with diaphragms

or other contraceptive products. Four of the eight clinics had protocols or program guidance stating that N-9--containing foam should be dispensed routinely with condoms; two additional programs reported that despite the absence of a clinic protocol, the practice was common. Data for the other two programs were not available.

Reported by: *The Alan Guttmacher Institute, New York, New York. Office of Population Affairs, U.S. Dept of Health and Human Services, Bethesda, Maryland. A Duerr, MD, C Beck-Sague, MD, Div Reproductive Health, National Center Chronic Disease and Public Health Promotion; Div of HIV and AIDS Prevention, National Center HIV/AIDS, STDs, and TB Prevention; B Carlton-Tohill, EIS Officer, CDC.*

Editorial Note:

The findings in this report indicate that in 1999, before the release of recent publications on N-9 and HIV/STDs (4,6,7), Title X family planning clinics in the U.S. purchased and distributed N-9 contraceptives. Among at least eight family planning clinics, most of the condoms purchased were N-9--lubricated; this is consistent with trends in condom purchases among the general public (8). The 2002 STD treatment guidelines state that condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV infection and other STDs (7). CDC recommends that previously purchased condoms lubricated with N-9 spermicide continue to be distributed provided the condoms have not passed their expiration date. The amount of N-9 on a spermicide-lubricated condom is small relative to the doses tested in the studies in Africa and the use of N-9--lubricated condoms is preferable to using no condom at all. In the future, purchase of condoms lubricated with N-9 is not recommended because of their increased cost, shorter shelf life, association with urinary tract infections in young women, and lack of apparent benefit compared with other lubricated condoms (7).

Spermicidal gel is used in conjunction with diaphragms (1); only diaphragms combined with the use of spermicide are approved as contraceptives. The respective contributions of the physical barrier (diaphragm) and chemical barrier (spermicide) are unknown, but the combined use prevents approximately 460,000 pregnancies in the United States each year (1).

The findings in this report are subject to at least two limitations. First, data on specific products and patterns of contraceptive use were limited; CDC used a nonrepresentative sample of regions and states that voluntarily provided data, and specific use patterns of the contraceptives could not be extrapolated from these data. Second, data correlating use of N-9 contraceptives with individual HIV risk were not available.

Prevention of both unintended pregnancy and HIV/STD infection among U.S. women is needed. In 1994, a total of 49% of all pregnancies were unintended (9). Furthermore, 26% of women experience an unintended pregnancy during the first year of typical use of spermicide products (1). In 1999, a total of 10,780 AIDS cases, 537,003 chlamydia cases, and 179,534 gonorrhea cases were reported among U.S. women. Contraceptive options should provide both effective fertility control and protection from HIV/STDs; however, the optimal choice is probably not the same for every woman.

N-9 alone is not an effective means to prevent infection with HIV or cervical gonorrhea and chlamydia (2,7). Sexually active women and their health-care providers should consider risk for infection with HIV and other STDs and risk for unintended pregnancy when considering contraceptive options. Providers of family planning services should inform women at risk for HIV/STDs that N-9 contraceptives do not protect against these infections. In addition, women seeking a family planning method should be informed that latex condoms, when used consistently and correctly, are effective in preventing transmission of HIV and can reduce the risk for other STDs.

References

1. Trussell J. Contraceptive efficacy. In: Hatcher RA, Trussell J, Stewart F, et al, eds. Contraceptive Technology: 17th Revised Edition. New York, New York: Ardent Media, 1998.
2. Roddy R, Zekeng L, Ryan K, Tamoufe U, Weir S, Wong E. A controlled trial of nonoxynol-9-film to reduce male-to-female transmission of sexually transmitted diseases. *N Engl J Med* 1998;339:504--10.
3. Kreiss J, Ngugi E, Holmes K, et al. Efficacy of nonoxynol-9 contraceptive sponge use in preventing heterosexual acquisition of HIV in Nairobi prostitutes. *JAMA* 1992;268:477--82.
4. Van Damme L. Advances in topical microbicides. Presented at the XIII International AIDS Conference, July 9--14, 2000, Durban, South Africa.
5. Louv WC, Austin H, Alexander WJ, Stagno S, Cheeks J. A clinical trial of nonoxynol-9 for preventing gonococcal and chlamydial infections. *J Infect Dis* 1988;158:513--23.
6. Roddy RE, Zekeng L, Ryan KA, Tamoufe U, Tweedy KG. Effect of nonoxynol-9 gel on urogenital gonorrhea and chlamydial infection, a randomized control trial. *JAMA* 2002;287:1117--22.
7. [CDC. Sexually transmitted diseases treatment guidelines 2002. MMWR 2002;51\(RR-6\).](#)
8. Moran JS, Janes HR, Peterman TA, Stone KM. Increase in condom sales following AIDS education and publicity, United States. *Am J Public Health* 1990;80:607--8.
9. Henshaw SK. Unintended pregnancy in the United States. *Fam Plann Perspect* 1998;30:24--9,46.

Table 1

TABLE 1. Number of women using male condoms or nonoxynol-9 (N-9) products as their primary method of contraception, by Title X Family Planning Region — United States, 1999

Region*	No. of women served	Male condoms		N-9 products†	
		No.	(%)	No.	(%)
I	179,705	27,726	(15)	1,251	(1)
II	404,325	73,069	(18)	21,515	(5)
III	487,502	73,088	(15)	4,807	(1)
IV	1,011,126	93,011	(9)	29,630	(3)
V	522,312	61,756	(12)	2,489	(1)
VI	478,533	40,520	(8)	11,212	(2)
VII	238,971	15,949	(7)	1,386	(1)
VIII	133,735	15,131	(11)	4,885	(4)
IX	672,362	109,678	(17)	14,547	(2)
X	186,469	17,320	(9)	1,275	(2)
Total	4,315,040	527,248	(12)	92,997	(2)

* Region I=Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont; Region II=New Jersey, New York, Puerto Rico, Virgin Islands; Region III=Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia; Region IV=Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee; Region V=Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin; Region VI=Arkansas, Louisiana, New Mexico, Oklahoma, Texas; Region VII=Iowa, Kansas, Missouri, Nebraska; Region VIII=Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming; Region IX=Arizona, California, Hawaii, Nevada, American Samoa, Guam, Mariana Islands, Marshall Islands, Micronesia, Palau; Region X=Alaska, Idaho, Oregon, Washington.

† Primary method of contraception reported by these women was one of the following: spermicidal foam, cream, jelly (with and without diaphragm), film, or suppositories.

[Return to top.](#)

Table 2

TABLE 2. Number of nonoxynol-9 (N-9) contraceptives purchased by Title X Family Planning Programs in selected states/territories, 1999

State/territory	No. of clients served	Physical barrier method		N-9 chemical barrier methods				
		Condoms with N-9	Condoms without N-9	Gel	Vaginal			Foam
					Film	Insert	Jelly	
Puerto Rico	15,103	148,072	5,000	12,900	0	NA*	12,841	2,400
New York†	283,200	1,936,084	NA	0	73,788	NA	3,112	23,830
West Virginia	60,899	1,300,000	9,360	0	0	NA	1,200	9,900
Florida	193,784	3,920,000	560,000	0	468,720	NA	5,760	25,920
Tennessee	144,000	2,885,400	747,000	0	84,500	10,500	750	2,750

Tennessee	111,223	2,003,100*	111,000	0	34,300	12,320	700	2,100
Michigan	166,893	631,000	254,000	0	0	NA	1,000	1,200
Oklahoma	58,392	708,480	0	0	394,560	NA	1,200	0
Oregon	57,099	151,900	276,000	345	25,764	2,074	272	3,007

* Not available.

† 41 of 61 grantees responded.

§ Purchasing by family planning and sexually transmitted disease programs are combined and cannot be separated.

[Return to top.](#)

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at these sites. URL addresses listed in *MMWR* were current as of the date of publication.

Disclaimer All *MMWR* HTML versions of articles are electronic conversions from ASCII text into HTML. This conversion may have resulted in character translation or format errors in the HTML version. Users should not rely on this HTML document, but are referred to the electronic PDF version and/or the original *MMWR* paper copy for the official text, figures, and tables. An original paper copy of this issue can be obtained from the Superintendent of Documents, U.S. Government Printing Office (GPO), Washington, DC 20402-9371; telephone: (202) 512-1800. Contact GPO for current prices.

**Questions or messages regarding errors in formatting should be addressed to mmwrq@cdc.gov.

Page converted: 5/9/2002

[HOME](#) | [ABOUT MMWR](#) | [MMWR SEARCH](#) | [DOWNLOADS](#) | [RSS](#) | [CONTACT](#)
[POLICY](#) | [DISCLAIMER](#) | [ACCESSIBILITY](#)

SAFER • HEALTHIER • PEOPLE™

Morbidity and Mortality Weekly Report
 Centers for Disease Control and Prevention
 1600 Clifton Rd, MailStop K-95, Atlanta, GA 30333, U.S.A



Department of Health
 and Human Services



This page last reviewed 5/9/2002



Notice to Readers: CDC Statement on Study Results of Product Containing Nonoxynol-9

During the XIII International AIDS Conference held in Durban, South Africa, July 9--14, 2000, researchers from the Joint United Nations Program on AIDS (UNAIDS) presented results of a study of a product, COL-1492,* which contains nonoxynol-9 (N-9) (*I*). N-9 products are licensed for use in the United States as spermicides and are effective in preventing pregnancy, particularly when used with a diaphragm. The study examined the use of COL-1492 as a potential candidate microbicide, or topical compound to prevent the transmission of human immunodeficiency virus (HIV) and sexually transmitted diseases (STDs). The study found that N-9 did not protect against HIV infection and may have caused more transmission. The women who used N-9 gel became infected with HIV at approximately a 50% higher rate than women who used the placebo gel.

CDC has released a "Dear Colleague" letter that summarizes the findings and implications of the UNAIDS study. The letter is available on the World-Wide Web, <http://www.cdc.gov/hiv>; a hard copy is available from the National Prevention Information Network, telephone (800) 458-5231. Future consultations will be held to re-evaluate guidelines for HIV, STDs, and pregnancy prevention in populations at high risk for HIV infection. A detailed scientific report will be released on the Web when additional findings are available.

Reference

1. van Damme L. Advances in topical microbicides. Presented at the XIII International AIDS Conference, July 9--14, 2000, Durban, South Africa.

* Use of trade names and commercial sources is for identification only and does not constitute endorsement by CDC or the U.S. Department of Health and Human Services.

Disclaimer All *MMWR* HTML versions of articles are electronic conversions from ASCII text into HTML. This conversion may have resulted in character translation or format errors in the HTML version.

Users should not rely on this HTML document, but are referred to the electronic PDF version and/or the original *MMWR* paper copy for the official text, figures, and tables. An original paper copy of this issue can be obtained from the Superintendent of Documents, U.S. Government Printing Office (GPO), Washington, DC 20402-9371; telephone: (202) 512-1800. Contact GPO for current prices.

**Questions or messages regarding errors in formatting should be addressed to mmwrq@cdc.gov.

Page converted: 8/10/2000.

This page intentionally left blank.