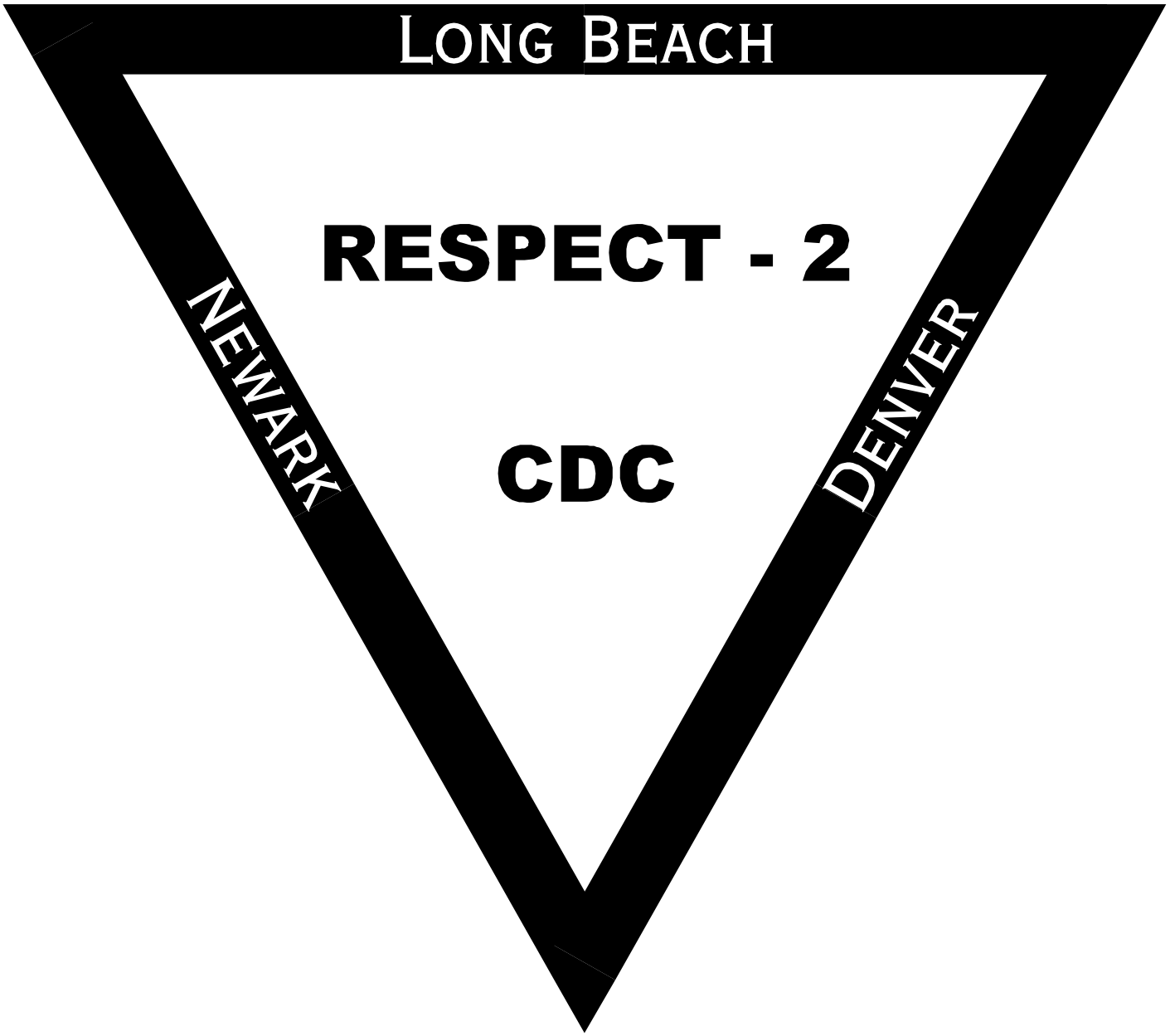
RESPECT-2
Counseling Intervention Manual
Two Session Counseling Protocol
Standard Test



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CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

RESPECT-2 – Two Session Counseling Protocol – Standard Test

Two Session Counseling Protocol	
Protocol Component: Session I	**Time – Minutes**
Introductions and Orientation to the Session	**1-2**
Enhancement of Patient's Self-Perception of Risk	**2-3**
Explore the Specifics of Most Recent Risk Incident	**2-3**
Review Previous Risk Reduction Experiences	**2-4**
Synthesis of Risk Incident and Risk Pattern	**3-4**
Negotiate Risk Reduction Plan	**4-5**
Identify Sources of Support and Provide Additional Referrals	**1-2**
Provide Appointment Card/Reminder for Follow-up	**1-2**
Total Time	**16-25**
Protocol Component: Session II	**Time-Minutes**
Provide Test Results	**2-10**
Review Risk Reduction Plan	**4-5**
Revise Risk Reduction Plan	**4-5**
Identify Sources of Support and Provide Additional Referrals	**1-2**
Provide Appointment Card/Reminder for Follow-up	**1-2**
Total Time	**12–24**

Goal 1: To establish the parameters of the session, describe the roles and responsibilities of patient and counselor and establish consensus with the patient as to the objectives of the session.

Time: 1-2 minutes

To establish initial rapport with the patient, the counselor will need to convey positive regard, genuine concern, and an empathic response toward the patient. This connection will help build trust and will set the tone for the rest of the session. The counselor must be professional and respectful toward the patient and recognize that issues of sex and drug use behaviors may be sensitive and difficult for the patient to discuss. The patient should be helped to feel comfortable with the clinic procedures, understand the role of the counselor, and be clear about the content and purpose of the session. If the patient is clear about the expectations and the process, the counselor has reduced the patient's anxiety and increased the patient's ability to focus on the session. This clear delineation of the session serves to model for the patient a rational and responsible approach to addressing the challenging issues of behavior change. It is important that the counselor conducts the session, to the extent possible, as described to the patient. If the counselor must deviate from what he/she has indicated will occur in the session, this change should be explained to the patient.

The counselor should convey confidence in being able to understand the patient's risk behavior and in the patient's ability to initiate a risk reduction process. Also, the counselor should communicate an appropriate sense of urgency and concern relative to the patient's HIV/STD risks. In this component of the session, the counselor should establish the collaborative nature of the session and the mutual commitment of both counselor and patient to earnestly address risk reduction issues.

Introductions and Orientation to the Session	
Protocol	**Content**
Introduce self to client	Hello, my name is _____. I'll be talking with you today about what brought you to the clinic and your STD/HIV concerns.
Explain role of counselor	My role as your counselor is to work together with you to identify your STD and HIV risks and to explore issues related to these risks.
Indicate the duration of the session (approximately 20 minutes)	We'll talk together for about 20 minutes
Outline content of session	
Exploration of HIV/STD risks	As I indicated we will about your risk for STDs and HIV.
Identification of challenges to RR	We will look at how you have tried to reduce your risk.
Discuss strategies to reduce risk	We will talk about changes you could make to further reduce your risk and develop a plan to do this.
Provide referrals	Sometimes we have referrals to services to help with this process of reducing your risk
If patient is randomized to the booster, explain that you will be seeing him/her again in six months to follow-up on how risk reduction is going	Since you have been selected to receive a booster session, I will also be seeing you in 6 months to see how you are doing.
Address immediate questions and concerns	Before we go any further, do you have any concerns or questions you need to talk about right now?

Goal 2: ***To engage the patient in an initial exploration of his/her HIV risk behavior. The purpose is to focus the patient's attention on his/her risk behavior, increase his/her level of concern regarding these behaviors, and enhance the patient's self-perception of risk.***

Time: ***2-3 minutes***

The counselor is attempting to focus the patient's attention on his/her behavior and the corresponding risk of acquiring HIV. The counselor's approach to this component of the session will shift based on the patient's particular issues in addressing HIV risk: 1. Enhance self-perception of risk;2. Address dissonance (examples when beliefs and behavior are at odds) and ambivalence (mixed feelings) about risk reduction; 3. Increase self-efficacy (belief in one's power or ability to do something);4. Invoke peer and community norms. The patient's presence in the clinic and request for STD services is the starting point from which the counselor addresses these issues. In this section, the counselor is attempting to use the patient's STD concerns to encourage him/her to examine HIV issues. The link between STD and HIV risk should be emphasized. The process is intended to help the patient become motivated and invested in addressing HIV issues and concerns with the counselor. At the completion of this component of the session, the counselor's aim is to have the patient fully engaged in the session and invested in reducing HIV/STD risk.

Enhancement of Patient's Self-Perception of Risk	
Protocol	**Content**
Discuss reason for STD visit	Why have you come to the STD clinic?
	What makes you believe you may have an STD?
Listen for and identify behaviors that are putting the patient at risk for HIV	Have you ever come to the clinic before because you believed you had a STD?
Direct patient's attention toward risk behavior	Do you practice safer sex? *If yes:* Tell me what safer sex means to you.
	What have you done that you think may have put you at risk for HIV infection?
Assess patient's level of concern about having/acquiring HIV	When you have unprotected sex, have you thought you may be exposing yourself to HIV?
Discuss patient's HIV test history and behavioral changes in response to results	Have you ever been tested for HIV before? *If yes:* What was that experience like for you? Did the counseling or test results affect how you feel about HIV?
Assess if patient is engaging in risky behavior because of previous HIV negative test results	When you tested before, how did getting the negative results influence your risk behavior?
Identify and address examples when patient's beliefs and behavior are at odds or examples of mixed feelings about risk reduction	It seems you're concerned about HIV, yet continue to have unprotected sex which is how you would get HIV. Help me understand that.
	There are better treatments now for HIV, but there is no cure for it. Once people have it, they have it for the rest of their lives.

Goal 3: To facilitate the patient's understanding of issues and circumstances that contribute to his/her risk behavior.

Time: 2-3 minutes

The counselor should have an open and inquisitive approach to this portion of the session. This approach will stimulate the patient's curiosity and encourage him/her to self-reflect and examine his/her own behaviors. The exploration of the risk behavior should be specific. A thorough discussion of the most recent risk behavior helps the patient clarify how the risk behavior occurred. What may have initially seemed like an accident or an unusual incident begins to have concrete circumstances that contributed to the patient's decision to engage in high-risk behavior. This process can demystify the risk behavior for the patient. The questions asked by the counselor are directed at eliciting the entire range of factors that may have contributed to the risk behavior. The counselor should be aware that emotions, recent life events, substance use, self-esteem, and other patient characteristics and issues may influence a particular risk incident or pattern of risk behavior. The counselor and patient should be working together to understand the context of the risk behavior. If the patient's risk behavior is episodic or chronic, the counselor is trying to discover and clarify the characteristic patterns that contribute to the patient's risk behavior.

Explore the Specifics of Most Recent Risk Incident	
Protocol	**Content**
Explore the who, what, where, when, how of most recent risk exposure	Tell me about the exposure that brought you to the clinic today. *Or*, Tell me about the last time you had unprotected sex.
Assess level of risk acceptable to the patient	Was this an unusual situation or is this common for you?
	Was this exposure with someone you knew?
	Tell me a little about your partner.
	How did you meet this person?
	Where did you go to have sex?
	How did you decide to have sex?
Assess communication about HIV/STD with partners	Did you talk about HIV risk or if either of you had been tested?
	Did you have any concerns about having sex with this person?
	Could this person have had HIV or an STD?
Identify circumstances or situations that contribute(d) to risk behavior	What do you think kept you from protecting yourself at that time?
	Had you been drinking or taking drugs at the time of this exposure?
Identify vulnerabilities and triggers to the risk behavior incident	Was there or /is there anything going on in your life that could be increasing your risk behavior?
Assess patient's patterns of risk behavior (chronic, episodic, incident)	Are there times when you are more likely to take risks (not use a condom)?
	When is the last time, before this situation, that you had a similar risky exposure? Was there anything similar about the circumstance? How often does this happen?
Identify and address examples when beliefs and behavior are at odds or examples when feelings are mixed about risk reduction	Would you have engaged in the same behavior had you known this person had HIV? Would knowing have made a difference?

Goal 4: To identify patient's constructive risk reduction attempts , explore barriers to behavior change, and provide understanding and support regarding these issues.

Time: 2-4 minutes

The counselor should explore any changes initiated by the patient to reduce his/her HIV risk(s). This provides the counselor with an essential opportunity to support and reinforce the patient. The counselor should note all of the patient's intentions, communication, and actions concerning HIV risk reduction. The counselor should elicit obstacles encountered by the patient in considering or attempting behavior change. The counselor should gently and sensitively discuss the challenges the patient has encountered or perceived. It is important to acknowledge that behavior change is a complex and challenging process. It is helpful, particularly if the patient has difficulty articulating his experiences with risk reduction, to explore his/her perception of community and peer norms concerning HIV prevention. Further, encouraging the patient to articulate his/her attitudes and beliefs about HIV risk behavior may provide additional insight. This process allows the patient to verbalize the extent to which he/she has addressed HIV issues and provides the counselor with insight into the patient's strengths and difficulties in initiating and sustaining behavior change. During this portion of the session the counselor may educate and clarify misinformation for the patient, as needed

Review Previous Risk Reduction Experiences	
Protocol	**Content**
Identify successful attempts at practicing safer sex	Is there a specific time you remember when you practiced safer sex? Can you tell me about that time? How was that for you?
Identify obstacles to risk reduction	What has been the most difficult part of reducing your HIV risk?
Explore triggers/situations which increase the likelihood of high risk behavior	Do drugs and alcohol affect your having high-risk sex? *If yes:* Tell me about that.
	Are there times in you life (feeling depressed, being unemployed, recently broke-up with someone) that you feel it has been more difficult to practice safer sex, to protect yourself?
Explore patient's communication with friends/partners about risk	With which partners do you find it most difficult to use a condom?
	Are there particular situations or people where you find it difficult to negotiate or ask for safer sex?
	Do you talk to your partners/friends about HIV/STD concerns?
	When HIV/STD risk reduction has come up with a sexual partner, how did the discussion go? How did you feel about it?
Discuss what patient's level of acceptable risk may be	What sexual activities do you feel comfortable with in terms of limiting your level of risk of getting HIV or an STD?
Identify and address examples when patient's beliefs and behavior are at odds or examples when feelings are mixed about risk reduction	The activities you say you feel comfortable with involve some risk of becoming infected with HIV. But you've said that you're concerned about HIV. Tell me about that.

Goal 5: To summarize and characterize the patient's risk behavior by identifying his/her pattern of risk behavior and noting specific vulnerabilities and triggers to risk behavior.

Time: 3- 4 minutes

The purpose of this component of the session is to enable the patient to gain an understanding of the complexity of factors that influence his/her risk behavior. The counselor summarizes to the patient the inter-related factors influencing risk. This summary provides the patient with an organized perspective of his/her narrative. The counselor's approach to this should be empathic and non-judgmental, which will help the patient understand his/her own behavior with compassion. This process enhances the counselor and patient's collaboration in reducing the patient's risk of acquiring HIV/STD. It may seem paradoxical, but the counselor must simultaneously convey a sense of urgency in understanding this behavior and be clear about the consequences should the patient fail to prioritize and respond to this situation. This component of the session provides the foundation on which the risk reduction plan will be developed. The counselor should use this summary of the session to transition to the risk reduction component of the session.

Synthesize the Risk Incident and Risk Pattern	
Protocol	**Content**
Summarize the information the patient has provided	Here's how I understand your situation concerning risks for HIV/STD. (Summarize the key issues provided by the patient.) Is this how you see your risk behavior? Are there other issues we need to talk about?
Place risk behavior in the larger context of patient's life	You've been able to protect yourself when (list circumstances which help patient reduce risk).
Provide feedback to patient concerning his/her risk for HIV/STD	There are several issues that affect your risk behavior (list specific behavioral, communication, substance use issues).
Note any pattern of risk behavior	Let's look at how often these risk situations happen.
Identify key triggers/vulnerabilities	Given what we have talked about, what do you think makes it most likely that you will put yourself at risk for and STD or HIV?
Convey concern and urgency about patient's risks (as appropriate)	It seems that unless these issues are addressed, you'll continue to engage in high-risk behavior and may become infected with HIV.
Address examples when patient's beliefs and behavior are at odds or when feelings are mixed about changing behavior	It seems there's a level of risk you're comfortable with. At the same time, you say you would find it devastating to become infected with HIV. Can you help me understand this?
Encourage and support the patient in addressing risk issues	Coming to the STD clinic, getting an HIV test, and participating in this project are the first steps in addressing your risk behavior

Goal 6: To develop a specific, concrete, and incremental HIV/STD risk reduction plan which is designed to optimize the patient's capacity to successfully implement the plan.

Time: 4-5 minutes

The risk reduction plan is a fundamental component of the prevention counseling session. The counselor should assist the patient in identifying a behavior that corresponds to his/her risk and that he/she is invested in changing. It is essential that the plan match the patient's skills and abilities with his/her motivation to change a specific behavior. The counselor should challenge the patient to go beyond what he/she has previously attempted in terms of risk reduction. The plan must be specific in that it describes the who, what, where, when and how of the risk reduction process. It must be concrete in that it details the successive actions required of the patient to implement and complete the risk reduction plan. Finally, it must be incremental in that it is directed at a single aspect of the risk behavior or one particular factor/issue that contributes to that risk behavior. The counselor should avoid supporting risk reduction plans that involve unreasonable or radical changes in the patient's life. The patient may experience a "flight to health" as a result of the STD clinic experience, the anxiety from the testing process, or the quality of the counseling interaction. Global risk reduction messages such as "always wear condoms," "remain monogamous," or "abstain from sex" do not meet the criteria for an appropriate risk reduction plan. The counselor should ensure that the patient agrees with the plan and is committed to its implementation. The patient should be asked to critique the plan and identify problems with the plan. The counselor may even quiz the patient on the plan or provide plausible examples of obstacles the patient may encounter in initiating the plan. These obstacles should be problem-solved with the patient and may require revising the plan. The process of developing a plan represents the patient's movement toward risk reduction. In fact, it is the second step in reducing risk (the first being the patient's participation in the study), for which he/she should be provided encouragement and considerable support. The counselor should acknowledge that the plan is a challenge and assure the patient that you will review with him/her the outcome of the plan at the next session. Explain to him/her that together you can renegotiate the plan, if necessary, in the posttest session.

Negotiate Risk Reduction Plan	
Protocol	**Content**
Explore behavior(s) that the patient will be most motivated about/capable of changing	How would you most like to reduce your risk for STDs/HIV?
	Is there something that you feel is reasonable for you to do to reduce your risk?
	I*f the patient selects a radical "always" or "never" behavior change:* It's great that you really want to eliminate your risk. We know that change usually occurs in small steps. What would be the first step in reaching this goal?
Identify a reasonable yet challenging incremental step toward changing the identified behavior	Can you think of some small step that you could complete in the next week that would move you closer to reducing your STD/HIV risk?
Break down the risk reduction action into specific and concrete steps	Now that you've identified something you would like to do, tell me how you feel you could go about making this happen.
	When do you think you could do this?
Identify supports or barriers to the risk reduction step	What could make it more difficult for you to complete this step?
	What could help make it easier for you?
	Who would be supportive of you in trying this?
	If you are able to complete this step, how do you think it would make you feel?
Problem-solve issues concerning the plan	How will you handle it if something (specify) gets in the way of your trying this plan?
	Let's role-play how you will handle this.
Confirm with the patient that the plan is reasonable and acceptable	Now that you're comfortable with the plan, does it seem realistic to you?
	You will really have done something good for yourself by trying out this plan.
Acknowledge that the plan is a challenge and that there will be an opportunity to review it in the posttest session.	We'll review the plan in the next session. It's a challenge, so we may need to change it a bit
Ask the patient to try to be aware of strengths and weaknesses in the plan while trying it out	Try to notice what works and what doesn't work for you about the plan.
Document the risk reduction plan with a copy to counselor	Let's write down your plan on this appointment card so you will have a copy of the specific details of the plan.

Goal 7: To identify resources that will enhance the patient's ability to reduce risk.

Time: 1 – 2 minutes

This component of the session is intended to identify or develop for the patient, peer and community support for HIV risk reduction, as well as to provide referral to professional services to address specific issues the patient may have identified. If during the course of the session the counselor or patient has identified a need for referrals to professional services (e. g. , drug treatment, support group, mental health counseling, etc.), then the counselor should be prepared to provide specific provider names and phone numbers to the patient. Referrals in this context are particularly important because the referral services may enhance the risk reduction process. The counselor should confirm that the referral is something the patient is willing to consider. To the extent possible, the counselor should try to provide referrals consistent with that patient's readiness to receive the services, comfort with the setting in which the service is provided, and interest in accessing the services. The counselor should be cautious not to overwhelm the patient with numerous referrals. A single appropriate referral is often better than several referrals to generic types of support services. The referral may augment the risk reduction plan, but unless it is the only alternative, completion of the referral by the patient should not be the primary objective of the risk reduction plan.

Identifying Sources of Support – Providing Additional Referrals	
Protocol	**Content**
Assess patient's support system	Who in your life do you feel is supportive of you?
	Is there someone that you feel you can talk to about your feelings and concerns?
	Do you have people you spend time with? Are these people who you feel close to?
Address the longstanding or tough to manage issues contributing to risk	Your plan seems really good. But there are some important issues that contribute to your risk that may be best addressed with professional help or assistance.
Assess the patient's willingness to seek professional help, use a referral	Have you ever sought counseling or gone to a support group?
	Would you be interested in getting a referral for services to deal with this issue?
Evaluate what types of referral the patient would be most receptive to	Would you be more comfortable talking to an individual counselor, or going to a support group?
	Since we've talked about (drug use, alcohol) affecting your risk, have you considered getting help in dealing with this?
	What would be hardest about seeking support for (name the issue)?
	Is there a particular type of support or service you would be willing to consider using?
Recognize the challenges of behavior change	Changing behavior takes time and practice be patient with yourself. This is challenging, take it on in small steps. A small change is the beginning of larger changes.

Provide appropriate referrals	Here is the (name) and phone number of the service you should call to get assistance? When do you think you could call or go there?

Goal 8: To ensure that the patient completes study and clinical appointments.

Time: 1 – 2 minutes

Provide Appointment Card/Reminder for follow-up	
Protocol	**Content**
Review with the patient study follow-up schedule	There are (number) more appointments for you to complete this study. What would help you remember and keep these appointments?
Identify ways for the patient to remember follow-up events	Do you keep a date book or calendar?
Review patient and counselor contact information	Your next appointment is (day/date/time). Let me just make sure that you know how to contact me should you need to talk with me. Let me be sure I know how to reach you (review phone number/address). Is this a good way to contact you?

Second Session – Results and Prevention Counseling

Session II	**Minutes**
Provide Test Results Review	**2-10**
Review Risk Reduction Plan	**4-5**
Revise Risk Reduction Plan	**4-5**
Identify Sources of Support and Provide Additional Referrals	**1-2**
Provide Appointment Card/Reminder for Follow-up	**1-2**
Total Time	**12-24**

In preparation for the test results and prevention counseling session, the counselor should review the notes from the previous session. The counselor should remind him/herself of the specific details of the risk reduction plan and the patient's particular issues and vulnerabilities in attempting behavior change related to HIV/STD risks. The counselor should also review the patient's STD clinic chart and know whether the patient was diagnosed or treated for an STD. The HIV test results should be available in the counseling room.

The counselor should be aware that the patient may be very anxious to receive his/her results upon returning to the clinic. The counselor should greet the patient warmly and then proceed with the session. Based on the counselor's sense of the patient, he/she should determine whether to ask if the patient has concerns or questions prior to providing the test results. Generally, providing the results expediently and directly is advised. The counselor should review the patient's experience of and reactions to the previous STD assessment, clinical exam/diagnosis and, as appropriate, incorporate this information into the counseling session. This second session should build on work started in the first session.

Goal 9: To provide clear and accurate HIV negative test results with an emphasis on the need for patient to initiate risk reduction in order to remain negative.

Time: 2 – 10 minutes

If the patient's HIV test results are positive, the counselor should follow their clinic's standard protocol for providing HIV positive test results. The guidance in this section pertains to providing results to HIV negative RESPECT-2 patients.

The counselor should provide the initial test result in simple terms, avoiding technical jargon. The patient may be very relieved at receiving the negative test result. The counselor should allow the patient to experience his/her pleasure at not being infected while underscoring the need for behavior change in order for him/her to remain negative. The counselor should cautiously explore the patient's feelings and beliefs about his/her negative test result, specifically in the context of the risk behavior described by the patient in the previous session. The counselor should be alert to the possibility that the patient may experience disinhibition (i. e. , feel more inclined to engage in risky behavior) in response to the results. The patient may believe the test result is an indication that he/she has, thus far, made the "right choices. "It is often helpful for the counselor to underscore the fact that the negative test result does not mean that the patient's sex/needle-share partner(s) are not infected. Nor does it mean that the patient is immune to HIV, or that his/her behavior is less risky than addressed in the initial session.

There is a slight possibility that a recent risk behavior (especially in the last 6 to 12 weeks) may have resulted in the patient becoming infected without the infection being indicated in this test result. However, both counselor and patient should be reminded that the current result represents all other, sometimes years', previous risk behavior. Counselors must be very careful with their "retest message. "If there is not a significant risk in the previous 3 months, then no additional test is indicated unless the patient has a later exposure to HIV. If there is a very recent and significant risk exposure, there is a small chance that the patient could have been infected by that exposure. The counselor should remember that the risk of infection from a single exposure, when the partner is known to be infected, is relatively small (<1 – 8%). The counselor should avoid technical discussions of this information and recommend, when necessary, a specific time for possible retest linked to a specific previous date of exposure. In summary, a brief explanation of the possible need for retesting is sometimes, with some patients, important, but this should not be over-emphasized. Too much attention to retesting takes away attention from the risk reduction process and often inaccurately diminishes the meaning of the HIV negative result.

Provide Test Results-Negative	
Protocol	**Content**
Provide results clearly and simply	Let's look at your test result, and then we'll talk about how best to understand the result. The test result is negative, which means you have not been infected with HIV.
Review meaning of the results	This means that as of less than 3 months ago, which would be before (month), you were not infected with HIV. However, this result does not tell us about the exposure that gave you the STD you were treated for last week.
Assess patient's reaction to results	How does it feel to hear that it is very likely that you are not infected with HIV? What does this result mean to you?
Note the need to consider the test result in reference to most recent risk exposure	Given you had an exposure last week resulted in an STD you may want to consider another test in (specify) the next six weeks, by (date). Is this something you want to do, get tested again? Where would you go for this?
Refer to patient's previous STD clinical exam experience and STD diagnosis in context of HIV risk assessment and test result	How was it for you last week seeing the STD nurse and being examined for an STD? Does getting an STD affect your feelings about HIV or your risk of getting HIV?

Goal 10: To review the patient's previous risk reduction plan and his/her experience of attempting to implement the plan. To provide support and reinforcement for his/her attempts at implementing the plan.

Time: 4-5 minutes

The counselor may briefly inquire about how the week went for the patient and his/her thoughts and reactions from the previous session. However, the focus of this session will be to discuss the step(s) taken by the client to reduce his/her HIV risk behavior as negotiated in session one. Regardless of whether the patient is resolved to change his/her behavior or is struggling to find the resolve, a sense of urgency concerning addressing risk behavior should be conveyed by the counselor. It is important to review with the patient both the successes and challenges in implementing the plan. The counselor should listen for an opportunity to provide support and reinforcement to the patient. The counselor should have a copy of the plan available and, if necessary, provide reminders to the patient about specific details of the plan.

Review the Risk Reduction Plan	
Protocol	**Content**
Assess the patient's process in trying out the risk reduction plan	What were your thoughts or reactions to last week's session? How was it for you to wait for the results? In the last session we discussed some of your risks for HIV, which were… We came up with a risk reduction step for you to try before today's clinic visit. How did that go for you? How did the action you took feel for you? Were you comfortable with how it went?
Identify supports and barriers to the risk reduction step	What parts of the plan worked best? Which parts of the plan were challenging? What stopped you? What made it difficult? What were you feeling/thinking? What would make it easier for you?
Problem-solve issues concerning the plan	Let's talk about what you would do if something got in your way of completing the plan. What would be a good back-up plan?
Provide encouragement and support for patient's risk reduction efforts	*As appropriate:* Sounds like you did a great job. It's great you were able to do that. I'm impressed with how you handled that. You've really accomplished something for yourself.

Goal 11: To renegotiate a new or revised risk reduction plan.

Time: 4-5 minutes

The counselor will encourage the patient to attempt an additional, perhaps more challenging, step toward reducing risk. If the patient encountered difficulty with the previous plan, then the counselor should help him/her revise the plan. The counselor and the client should refine the plan as necessary, aiming toward a plan that the patient has a high probability of successfully implementing. The counselor should, as necessary, remind the patient that risk reduction and behavior change are incremental processes (see details in Session I, "Negotiate Risk Reduction Plan"). The counselor should help the patient identify persons from whom he/she can get support for his/her risk reduction plan. The counselor should obtain a commitment from the client to attempt the risk reduction step and stick to the risk reduction plan.

Renegotiate Risk Reduction Plan	
Protocol	**Content**
Revise and develop a new plan with the patient	What else could you try to further reduce your risk of getting an STD or HIV? Now that you have your negative test result, what can you do to stay uninfected? You did an excellent job with the first risk reduction plan. What more do you think you can do?
Identify challenging step or revise previous step	Remember risk reduction and behavior change is best addressed in small, achievable steps.
Identify/clarify actions toward achieving step	Lets look at the issues that needed to be addressed to reduce your risk and complete your plan (list). What do you need to do first, second, third?
Identify support for achieving step	Who can help support you as you try to reduce your risk?
Confirm with the patient that the plan is reasonable and acceptable	Now is this something you really feel you can do? You need to feel like it will work for you. How does it feel? If we need to we can rework the plan.
Document the revised risk reduction plan with a copy to the patient	Just like before we will write your plan down on the appointment card, we will include all the steps and actions needed to complete the plan. Sometimes looking at the plan can help you remember the steps, help you see yourself completing the plan?

Goal 12: To identify resources that will enhance the patient's ability to reduce risk.

Time: 1 – 2 minutes

This component of the session is intended to identify or develop for the patient peer and community support for the patient's HIV risk reduction, as well as provide referral to professional services to address specific issues the patient may have identified. If during the course of the session the counselor or patient has identified a need for referrals to professional services (e. g. , drug treatment, support group, mental health counseling, etc.), then counselor should be prepared to give specific provider names and phone numbers to the patient. Referrals in this context are particularly important to the extent that the referral services received by the patient may complement or enhance the risk reduction process. The counselor should confirm that the referral is something the patient is willing to consider. To the extent possible the counselor should try to provide referrals consistent with that patient's readiness to receive the services, comfort with the setting in which the service is provided and interest in accessing the services. The counselor should be cautious not to overwhelm the patient with numerous referrals. A single appropriate referral is often better than several referrals to generic types of support services. The referral may augment the risk reduction plan, but unless it is the only alternative, completion of the referral by the patient should not be the primary objective of the risk reduction plan.

Identifying Sources of Support – Providing Additional Referrals	
Protocol	**Content**
Address the longstanding or hard to manage issues contributing to risk	Your plan seems really good. But there are some important issues that contribute to your risk that may be best addressed with professional help or assistance.
Assess the patient's willingness to seek professional help and use a referral	Have you ever sought counseling or gone to a support group?
Evaluate what types of referral the patient would be most receptive to	Would you be more comfortable talking to an individual counselor, or going to a support group?
	Since we've talked about (drug use, alcohol) affecting your risk, have you considered getting help in dealing with this?
	What would be hardest about seeking support for (name the issue)?
	Is there a particular type of support or service you would be willing to consider using?
Recognize the challenges of behavior change	As we discussed, this may be challenging.
	Trying something new can sometimes feel a bit uncomfortable but it gets easier, feels more natural with practice.
Provide appropriate referrals	We talked about an agency (name) that you could call to receive help with (name) the issue that is contributing to your risk behavior? Do you feel comfortable doing this? Are there any questions I can answer.

Goal 13: To ensure that the patient completes study and clinical appointments.

Time: 1–2 minutes

Provide Appointment Card/Reminder for follow-up	
Protocol	**Content**
Review with the patient study follow-up schedule	There are (number) more appointments for you to complete this study.
Identify mechanisms for the patient to remember follow-up events	What would help you remember and keep these appointments?
	Do you keep a date book or calendar?
Review patient and counselor contact information	Your next appointment with us is (day/date/time).
	Let me just make sure that you know how to contact me should your need to.
	Let me be sure I know how to reach you (review address/phone number).
	Is this a good way to contact you?