

Prevention Case Management Modules

- I. Norms and Assumptions**
- II. Condoms Issues and Use**
- III. Relationship Issues**
- IV. Disclosure**
- V. Negotiation**
- VI. Coping**
- VII. Psychosocial Issues and Risk**
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- X. Reproductive Health Issues**
- XI. Medical Care – Access, Assessment and Monitoring**
- XII. Adherence to Treatment and Care**

Description of PCM Modules

Modules are outlines for providers to use in addressing particular topics with clients. Twelve modules were developed collaboratively among representatives from CDC, Wisconsin, Maryland, and California. These were developed early in PHIPP to highlight the prevention component of PCM, the focus of which can often be lost in the process of meeting other complex client needs. PCM providers selected modules based upon the client's needs. In some cases, the module was completed as written. In other cases, the provider used elements as a springboard for conducting client-centered counseling.

The module topics are as follows:

- Relationship Issues
- Coping
- Psychosocial Issues & Risk
- Condom Issues & Use
- Medical Care – Access, Assessment and Monitoring
- Substance Use & Sex
- Adherence to Treatment & Care
- Disclosure
- Norms & Assumptions
- Negotiation
- Injection Risk Behavior
- Reproductive Health Issues

Modules address the following topics:

- Goals
- Issues
- Components
- Information
- Menu of client goals
- Resources and referrals

The twelve modules follow.

I. Norms and Assumptions

This module addresses individual and social/community factors that may affect risk behavior. As individuals, everyone's behavior is affected by the assumptions they make about the world and their thoughts about what is normal (the community norm). Individual beliefs about community norms have a powerful effect on behavior, even if a person's beliefs are based on myths and assumptions.

Project Goals

1. "HIV-positive persons will become aware of the danger of assumptions, will discuss the assumptions, and work toward a norm of NOT making assumptions, but instead seeking out information"
2. "HIV-positive persons will become aware of perceived norms in their community and will try to adopt norms that promote HIV risk reduction and reject norms that enable high risk behavior"

Issues

1. What factors affect individual (risk) behavior
2. Assumptions about partner's serostatus
3. Assumptions about sexual behavior and safety
4. Assumption about need for self protection

Issue Components

1. What factors affect individual (risk) behavior

- Explore how the participant makes decisions regarding the safety of his or her behavior
- Define, explain, and discuss community norms (use community-relevant examples)
- Define, explain, and discuss assumptions (use community-relevant examples)
- Discuss the connection between community norms and assumptions (assumptions about community norms may be used to justify risky behavior; e.g. "no one discloses to one-time partners" "no one discloses their serostatus in a bathhouse or in a shooting gallery" "positive partners don't need to use condoms unless asked")
- Review how the participant thinks norms and assumptions might affect his or her behavior

2. Assumptions about partner's serostatus

- Identify the range of cues use to "determine" someone's serostatus (e.g., "if she's willing to share needles/have unprotected sex, she must be positive")
- Discuss information from research indicating that this type of assumption is often wrong, especially amongst serodiscordant partnerships (where transmission is possible)
- Explore participant's use of assumptions of partner's serostatus in sexual situations
- Identify how community norms might affect the participant's assumptions about partner's serostatus
- Address strategies to overcome assumptions regarding serostatus such as disclosing one's own serostatus

- Help client move toward a norm of responsibility, which could include disclosure or safer behavior, and a norm of taking care of self by protecting from STDs

3. Assumptions about sexual behavior and safety

- Identify the decisions and assumptions the participant makes about safety in sexual situations about what is safe and what is not
- Share relative risk information with participants (see resources, below)
- Help the client move toward a norm of safer behavior

4. Assumption about need for self protection

- Explore the participant's concern about the need for self protection
- Discuss the assumption that some people have that "positive people don't need to protect themselves"
- Discuss risks of STD transmission and effects of STDs on positive persons
- Discuss the debate about reinfection (get up-to-date information)
- Acknowledge, if relevant, that the participant might have made a decision to engage in unprotected sex with positive partners, and that some participants may not be concerned about STDs because they have HIV
- Help the client move toward a norm of self-protection and protection of others

Information

1. People often assume that their partner has the same HIV status as them. Thus, negative persons assume their partner is negative (or else s/he wouldn't be doing these risky activities with me, and positive persons assume their partner is positive (or else s/he wouldn't let me do these risky behaviors).
2. People often assume that certain behaviors are safe or of little risk for HIV transmission (e.g. being the insertive partner, engaging in oral sex, withdrawing before ejaculation, etc.)
3. Assumptions increase the likelihood of unsafe drug-using and sexual behavior
4. Positive persons also need to protect themselves from STD and possible reinfection (this possibility is still widely debated, but some participants will be concerned about reinfection and it will affect their behavior)
5. Some positive persons are very concerned about STDs and reinfection; others are not.
6. Perceived community norms can lead to safe or unsafe behavior. For example, gay and bisexual men report that the norm in bathhouses is to not talk and to not disclose HIV status. It is important for positive persons to be responsible for protecting themselves and others in spite of these perceived norms.

Menu of Client Goals

1. Learn to stop making assumptions regarding partner's serostatus.
2. Learn to disclose my serostatus to needle sharing and sex partners where feasible.
3. Where not feasible to disclose, practice safer sex and/or engage in lower risk practices.
4. Learn about the relative safety of various behaviors.
5. Stay free of newly acquired STDs.
6. Discuss my community norms with my prevention case manager and determine which ones support safer behavior and which ones don't.

7. Develop sense of pride in identity as HIV positive person who takes personal responsibility him/herself and for others.
8. Practice ignoring and changing community norms that support less safe behavior.
9. Practice adopting community norms that lead to safer behavior.

Referrals and Resources

- Information on HIV & STD transmission and acquisition
- up-to-date relative risk chart that is client friendly

II. Condom Issues and Use

Project Goal

1. “HIV infected persons will use condoms during vaginal and anal intercourse, particularly with HIV negative or unknown serostatus partners.”
2. “HIV infected persons will understand the risk of HIV transmission associated with oral sex and use condoms when there is a risk of transmission to an person not infected with HIV.”

Issues

1. Why use condoms – attitudes and feelings
2. Experiences using condoms
3. Partner type, sex act, venue and condom use
4. Barriers to condom use
5. Issues associated with oral sex and condom use
6. Enhancing experiences and improving condom use

Issue Components

1. Why use condoms – attitudes, feelings and beliefs

- Explore participant’s feelings about using condoms
- Address the participants likes and dislikes about condoms
- Establish when participant believes condoms are needed and when they are not necessary
- Discuss incentives and disincentives to condom use
- Assess belief about condom use
 - “already positive don’t need condoms”
 - “tops don’t get HIV”
 - “he didn’t bring up condoms must be positive”
- Discuss peer, partner and social network attitudes and feelings about condoms
- Assess concern about STD risk and associated health consequence

2. Experiences using condoms

- Assess the participant’s history and pattern of condom use
- Assess communication and expectations about condom use
- Assess skills and self-efficacy in condom use
- Review one experience when using a condom was satisfactory
- Review one experience when using a condom was not satisfactory
- Explore feelings about partner when condom is and is not used
- Explore feelings about sex, intimacy and trust with and without condoms (cum as a “gift”)

3. Partner type, sex act and condom use

- Assess with what type of partners participant will/ will not use condoms
- Define sex acts and venues associated with condom use/non-use
- Address feelings associated with use/non-use of condoms with HIV negative partner
- Address feelings associated use/non-use of condoms with HIV positive partner

- Explore communication with partners about condom use/non-use
- Discuss partner's attitude toward condom use
- Explore relationship status and condom use (monogamy) – negotiated safety

4. Barriers to condom use

- Discuss negative feelings about condoms
 - inability to stay hard
 - fear of rejection
 - decreased sensation
 - less natural
- Assess how substance use impacts condom use
- Address condom fatigue
- Address feelings of contamination associated with condom use
- Determine availability of condoms
- Address communication skills associated with initiating condom use
- Review condoms use skills
- Discuss peer and partner pressure not to use condoms (“barebacking”)

5. Issues associated with oral sex and condom use

- Discuss participant's experience/attitudes about condom use
- Address perceptions and reality of risk of transmission associated with oral sex
- Review STD risk associated with oral sex
- Explore strategies to reduce risk if condoms are not used (don't cum in someone's mouth)

6. Enhancing experiences and improving condom use

- Discuss different condom types and benefits of each
- Review condom use skills
- Explore alternatives to non-insertive sex
- Address intimacy and trust without HIV transmission risk

Information

Menu of Client Goals

III. Relationship Issues

HIV-infected persons have the same range of needs for sex, intimacy, companionship and emotional security as others of similar demographics. Indeed, those needs may be perceived as more acute in view of the stresses and social isolation often attendant upon HIV infection. Initial presentation may encompass a wide range of current and/or desired relationship forms. PHIP PCM intends to project a warm and open embrace of these needs, including a robust and satisfying sex life if that is among the client's goals.

Project Goal

1. "Participants will be able to get their needs for intimacy, sex and/or relationships met while not transmitting HIV to others."

Issues

1. Now in a seroconcordant or serodiscordant relationship or no relationship or unknown status? Mutually monogamous or not?
2. What are the benefits of the current relationship for the client, including material benefits such as housing, drugs, or food? Why is the client in the relationship?
3. What sort of relationship is desired, out of this one, or in the future?
4. Sex inside and outside context of the relationship.
5. Dating
6. Skills for building and maintaining relationships

Issue Components

1. Characteristics of current relationship

- Explore person's knowledge of partner's serostatus
- Explore when seroconversion or knowledge of status came in relationship
- Review feelings of person and partner about respective status and its effects, e.g. Resentments? Blame/shame? Comfort level discussing? Fear?
- Review "rules" of this relationship for sex outside, if any, and implications
- Review family, social network, community support for relationship

2. Desires for current/future relationship

- Explore tensions, problems, unmet needs in current relationship
- Review what might be changed or renegotiated and what is unlikely to change
- Discuss goals for change or nurturing relationship
- For single persons, review whether person wishes a relationship and what priority s/he sets on it
- Review goals and standards for desired relationship, perhaps lessons from past history with relationships
- Explore role of sex in relationship goals, and ensure that sex-centered relationships are not the only norms perceived

3. HIV-specific issues in a relationship

- Medication regimen and difficulties of adherence
- Possible interference of side effects, fatigue, or disease progression with sex life, intimacy, meeting other partner's needs
- Anxiety and fear over separation, dementia, death, pain, etc.

4. Sex outside relationships

- Discuss person's experiences and feelings about sex outside committed relationship, of various types and contexts
- Review meanings such sex holds for person, its comforts and/or distresses
- If anonymous sex is part of repertoire, discuss goals person has for ensuring his/her own safety, level of concern for protecting partner from HIV risk
- Discuss typical communication patterns for negotiating/accepting casual or anonymous sex and identify any lack of skill or persistent perceived shortcoming
- Discuss/assess possible compulsive sexual activity
- Sex as perceived vehicle or substitute for intimacy

5. Dating

- Review person's strategies for finding dates/candidates, e.g. bars, internet, phone lines, personal ads, from work/social environments, introductions
- Assess person's own rules or norms for first- and subsequent date behavior, including how typical or expected is sex early on
- Identify triggers in early dating where HIV and disclosure may come up, or need to, or where person may lose control
- The Big "R" – rejection and the fear of it
- Discuss venues, activities, contexts where dating could come under greater control, consciousness
- See Disclosure module

6. Relationship skills

- Discuss feelings about and fears of intimacy
- Communication
- Negotiation
- Commitment
- Problem-solving
- Termination

Information

1. Mutual knowledge of serostatus empowers both partners to make best choices. Persons may not actually know serostatus of current partners and frequently may not know that of dates or prospective partners. Knowing is likely to be less stressful in the long run than assuming or fearing.
2. Clarifying needs and values and being shown alternatives can help a positive person make more satisfying decisions about current and future relationships.
3. Many people with HIV (and not only!) turn to or continue anonymous and casual sex as a way to avoid rejection, and yet really desire intimacy.

4. Relationship negotiation and communication skills are teachable/learnable

Issue Based Goal

1. Achieve clarification of values and desires re relationships, intimacy
2. Validation and acceptance that sex for pleasure and/or as an expression of intimacy is a good and deserved end
3. Identify strategies to find and have dates that permit safety, disclosure, communication
4. Practice strategies for anonymous/casual sexual encounters that are safe
5. Identify any sexual compulsion issues or relationship skills deficits that can be addressed through other resources

Menu of Goals

1. Enhance communications and problem-solving skills for relationships
2. Broaden repertoire of dating behavior for greater comfort with HIV issues (and maybe even greater success!)
3. Identify venues and social networks that are supportive for safe dating
4. Develop social network supportive of serodiscordant or seroconcordant relationships

IV. Disclosure

Project Goal

1. “HIV positive persons will disclose their serostatus to sex or drug sharing partners before sex and drug use encounters or have safer sex/drug use encounters.”

Issues

1. Why disclose
2. Assumptions about the other person’s serostatus
3. Communication and miscommunication about serostatus
4. Lack of skill in disclosing
5. Timing of disclosure
6. Belief in partner’s responsibility to disclose, ask about serostatus, or request safer sex
7. Partner Issues and power dynamics
8. Shame, fear of rejection and stigmatization
9. Negative consequences of disclosure

Issue Components

1. Why disclose

- Explore participant’s feelings about disclosure
- Review experience’s with disclosure
- Discuss peer and community pressures, “don’t ask, don’t tell”
- Address perceived advantages and disadvantages of disclosure
- Discuss coming out as an HIV infected person

2. Assumptions about the other person’s serostatus

- Identify the range of cues that lead to a particular assumption about serostatus
- Explore participant’s criteria for engaging in risk behavior based on assumed serostatus
- Define acceptable behaviors with seronegative and seropositive partners

3. Communication and miscommunication about serostatus

- Identify the cue’s the participant believes he/she gives about his/her serostatus
- Explore how the participant interprets partner’s response to cue’s/hints
- Addressed the euphemisms exchanged between potential partners to convey serostatus
- Discuss the potential for miscommunication and the interpersonal, relational and transmission consequences

4. Timing of disclosure

- Explore beliefs that disclosure disrupts passion (“heat of the moment”)
- Identify participant’s triggers for disclosure or non disclosure (attractive partner)
- Review potential scenarios for disclosure
- Discuss advantages and disadvantages of different times of disclosure

- Identify influences of partner type, trick, romantic interest, date, relationship on disclosure

5. Lack of skill in disclosing

- Discuss venues for sex/drug use that do not permit or discourage interaction, discussion, communication
- Assess communication and negotiation skills
- Establish realistic script for disclosure, role play
- Identify non-threatening situations to practice disclosure

6. Belief in partner's responsibility to disclose or ask about serostatus

- Discuss beliefs about responsibility to ask for safer sex
- Explore participant's perception of his/her role in disclosure
- Address perceptions and beliefs about responsibility for preventing HIV transmission
- Identify dissonance and ambivalence associated with non-disclosure

7. Partner Issues and power dynamics

- Assess perceived consequences of disclosure on relationship(s)
- Explore power dynamics in relationship that impact disclosure
- Address partner's willingness to engage in risk in spite of disclosure

8. Shame, fear of rejection and stigmatization

- Review experiences of rejection and acceptance associated with HIV disclosure
- Explore how experiences of rejection due to HIV infection are similar to other life experiences of rejection (homophobia)
- Identify how participant copes with rejection
- Understand participant's belief in "acceptance" in the absence of disclosure
- Discuss feelings associated with keeping a secret

10. Negative consequences of disclosure

- Discuss potential consequences rejection or loss of relationship/friendship associated with disclosure
- Explore reactions to being denied sex as a result of disclosure
- Discuss potential that disclosure may not be kept confidential
- Weigh consequences of disclosure and non-disclosure
- Assess the potential for violence or abuse associated with disclosure

Information

1. People often assume their partner has the same HIV status as them. Thus negative persons assume their partner is negative ("Or else he/she wouldn't be doing these risky activities with me.") and positive persons assume their partner is positive ("Or else he/she wouldn't be let me do these risky behaviors.")
2. If both partners were aware of serostatus each may have made different decisions as to what behaviors were acceptable.
3. Disclosure may be more complicated and difficult after a risk behavior has occurred

Menu of Client Goals

1. Identify supportive person to practice disclosure with him/her.
2. Identify non-threatening situations without the potential for engaging in risk behavior to practice disclosure.
3. Practice disclosing serostatus with someone who does not know my serostatus.
4. Keep a journal of fears and feelings associated with potential disclosure and discuss these with the case manager.
5. Negotiate only safer behaviors when the decision not to disclose serostatus is made.
6. Increase network of friends with whom you discuss issues of disclosure.
7. Practice declining risky sex with partner who indicates he is negative or of unknown serostatus and requests unprotected sex.
8. Obtain couples counseling and discuss disclosure, discordance and risk behavior.
9. Reduce or eliminate use of alcohol/drugs in specific situations where these may decrease the likelihood of disclosure and increase the possibility of risky behavior.
10. Avoid situations in which you cannot disclose and cannot ensure safer behaviors.
11. Participate in an HIV positive support group or sex positive workshop and bring up the issue of disclosure.

V. Negotiation

This module outlines some of the factors that are associated with negotiating safer behaviors that reduce the risk of HIV transmission. Negotiation is integrated into all facets of our lives, but we do not always realize we are doing it. This information will help you identify negotiating as well as methods to develop better skills.

Project Goal

1. “HIV-positive persons will be able to negotiate safer behaviors that reduce or eliminate the risk of transmission of HIV and prevent the acquisition of STDs.”

Issues

1. Improve negotiating skills
2. Negotiation in different situations/venues
3. When negotiation isn't an option

Issue components

1. Improve negotiating skills

- Explore factors that influence the client's decision-making and impact his/her ability to negotiate:
 - *Information* - information about HIV transmission and risk associated with specific behaviors
 - *Skills* - condom use, interpersonal competence, communication skills
 - *Perception of risk* - influences motivation to change.
 - *Beliefs and values* – identity, cultural issues, social influences
 - *Personality and development* - sexual abuse, biological and emotional age, addictive and sensation-seeking personalities
 - *Relationship dynamic* – verbal and non-verbal communication, coercion, and economic and emotional issues, assumptions
- Identify previous situations in which the client has attempted to negotiate
- Discuss the client's perception of the need to negotiate
- Explore the benefits negotiation could have on the client's life
- Educate the client about issues related to negotiation:
 - Negotiating takes two people
 - Power dynamics impact negotiation
 - Negotiating is a logical process to be applied to situations driven by emotion which causes negotiation to be complex
- Provide information about negotiation
 - Identify all possible courses of action
 - Weigh advantages and disadvantages (i.e. fear and rejection from partner)
 - Assess desirability and undesirability of outcomes
 - Identify the barriers in negotiating, which may include psychological, social, and cultural barriers.

2. Negotiating in different situations

- Identify the situations/venues that the client may need to negotiate
- Explore factors that facilitate or hamper negotiation in each situations
- Identify alternatives if negotiation is not possible in a particular situation/venue

3. When negotiation is not perceived to be an option (i.e. domestic violence, sex/drug exchange)

- Explore the level of safety for the client in negotiating a each situation
- Assist the client in identifying less risky behavior that he/she may be able to initiate without negotiation

Information:

1. Negotiating can be complex because each person may be attempting to negotiate based on her/his individual needs. If the needs are similar then the negotiation is more likely to be beneficial to both partners, but the issues may be contradictory which cause conflict.
2. Negotiating is a learned skill which takes time to master.
3. Negotiating is better when practiced and reviewed following attempts to negotiate.
4. Negotiating is a dynamic process which may have an expected outcome which changes in the midst of the situation. This may mean that the negotiation must be altered to accommodate the change.
5. The role of sex in fulfilling non-sexual needs or solving personal difficulties may influence a client's need to negotiate.

Menu of Goals

1. Identify risk-taking behavior that the client wants to change taking into account the client's knowledge and beliefs system.
2. Determine what is acceptable risk-taking behavior for the client.
3. Identify long-term needs/clients desire to work toward goals.
4. Evaluate the client's negotiation skills with the use of previous examples of negotiating that the client has completed.
5. Practice negotiating with the Prevention Case Manager who can accurately assess client's desires and skills.
6. Practice negotiating with easy situations with friends.
7. Share risk concerns with partner.
8. Have Prevention Case Manger facilitate partner discussion.
9. Client negotiates safer behavior not related to sex with his/her partner.
10. Client negotiates safer behaviors after sex with partner.
11. Client negotiates safer sex prior or during the encounter with partner.

[**Note:** Clients who engage in anonymous sex can participate in steps 1-6 and then 9-11]

VI. Coping

Project Goal

1. “HIV infected persons will find support and develop coping skills that assist in managing the stresses associated with HIV infection.”
2. “HIV infected persons will be assisted to manage stress in a manner that does not involve engaging in behaviors that risk the transmission of HIV.”

Issues

1. Distress associated with becoming HIV infecting and adjusting to HIV status
2. Establish characteristic coping style and approach to managing stress
3. Engaging in high-risk behavior as a means of dealing with stress
4. Understanding the signs and symptoms of stress
5. Understanding coping styles and enhancing coping skills
6. Finding and utilizing social support
7. Exploring healthy and proactive approaches to adaptive coping

1. Distress associated with becoming HIV infecting and adjusting to HIV status

- Explore in detail the participant’s experience of getting tested and hearing he/she was HIV infected
 - When did he/she first find out about having HIV
 - How did he/she decide to get tested
 - What was the testing/counseling experience like
 - How did he/she feel receiving the test results
- Discuss the participant’s perception and feelings concerning the person who infected him/her with HIV
- Understand the participant’s self-perception and feelings concerning becoming infected with HIV
- Explore how the participant’s has been handling various aspects of his/her life since becoming HIV infected
 - Friends and family relationships
 - Work and school attendance and performance
 - Social interactions, leisure time, and recreation
 - Sex and intimacy

2. Establish characteristic coping style and approach to managing stress

- Identify time and life-circumstances when participant felt most effective and happy in his/her life
- Explore participant’s perception of time and life-circumstances when he/she felt he was not dealing well with his life and he felt unhappy
- Establish current level of stress and participant’s perception of how he/she is coping
- Identify the manner in that the participant typically responds to stress and difficulties in his/her life
- Explore participant’s strengths in responding to stress and other life challenges

3. Engaging in high-risk behavior as a means of dealing with stress

- Establish the role of sex and intimacy in responding to stress
- Identify differences in risk taking during times of relatively little stress and those of high stress
- Assess participant's perception of the impact of sex on his/her sense of distress
- Assess participant's ability to engage in low risk encounters when experiencing stress

4. Understanding the signs and symptoms of stress

- Discuss indicators of stress
 - Physical symptoms – headache, upset stomach, fatigue ...
 - Emotional reactions – irritability, worry, tension, anxiety...
 - Cognitive – poor concentration, forgetfulness, racing thoughts...
 - Behavioral – clumsiness, accidents, alcohol use, insomnia...
- Establish participant's indicators of distress
- Determine the circumstances associated with stress
 - Who, What, Where, When
- Normalize and discuss the inevitability of stressful events and cycles of stress
 - Financial problems
 - Family concerns – divorce, deaths, unemployment
 - Ill health
 - Work/school stresses/deadlines
 - Aging

5. Understanding coping styles and enhancing coping skills

- Identify stress triggers (work, relationship, car problems, medication, appointments)
- Explore what issues/stresses the participant can influence and change by the participant and those that are not within his/her control
- Define and discuss problem focused coping – thoughts and actions directed to stressful situations that can be changed
 - Exploring alternatives
 - Weighing positives and negatives
 - Trying out options
 - Arriving at a decision
- Define and discuss emotion focused coping – thoughts and actions that are designed to address stressful situations that cannot be changed or influenced:
 - Exercise
 - Massage
 - Meditation
 - Re-framing
 - Visualization
 - Humor
- Explore adaptive problem and emotion focused options specific to the participant's stress issues/circumstances

6. Finding and utilizing social support

- Identify participants sources of support
- Assess participant's skills in engaging social support
- Explore participant's perceived needs for support
- Evaluate what sources of support are most effective in helping to reduce stress
- Match and tailor support needs and support resources to specific issues/circumstances
- Identify deficits in support network
- Build skills in accessing support and identify support resources

7. Exploring healthy and proactive approaches to adaptive coping

- Discuss the range of coping and health directed behaviors available to the participant
- Identify participant's preferences for coping/support
- Develop and cultivate alternative resources

Information

1. Stress is a normal part of life however, we have both adaptive and maladaptive approaches to dealing with stress.
2. Stress can be result from both positive and negative life events.
3. Coping is an adaptive approach to managing difficult situations, challenging demands and other stresses.
4. Physical health, financial resources, interpersonal skills, social network, mental health issues, and temperament and personal style influence individual coping ability.
5. Drugs and alcohol are often used ineffectively to deal with stress. The use of these substances often leads to additional problems and stresses.
6. For some individuals sex is viewed as an outlet to reduce stress or an attempt to enhance lowered self-esteem resulting from stressful circumstances. When sex is used to deal with stress there is an increased potential for engaging in higher risk behavior.
7. Understanding your unique signs and symptoms of stress can allow you to respond quickly to the source of stress and engage in adaptive coping mechanisms and obtain appropriate support.
8. Prolonged stress is believed to negatively impact health.

Menu of Client Goals

1. Identify one small manageable and changeable life stress and develop a problem-focused plan to respond to the stress.
2. Identify one source of stress that cannot be changed and develop an emotion-focused plan to respond to the stressful situation.
3. The next time drugs/alcohol/sex is about to be used to reduce stress commit to substituting an adaptive coping behavior.
4. Observe and write down for one week the signs, sensations and symptoms that associated with stress.
5. Be a tune to one specific stress sign or symptom and immediately initiate a predetermined coping strategy.
6. Observe and write down for one week all activities, interactions that provide a sense of comfort, calm, relief, peace and relaxation.
7. Try one completely new coping option (exercise, massage, movie).

8. Identify and explore one new support resource.
9. Talk to a supportive friend about how it would be helpful to have him/her available in particular situations.

VII. Psychosocial Issues

Psychosocial issues such as isolation, loneliness, depression, interpersonal conflicts, financial issues, work-related issues, and housing difficulties can decrease an individual's self-esteem and sense of wellbeing. Some individuals attempt to decrease the dysphoria and stress associated with psychosocial issues by engaging in risky sexual behavior and abusing drugs and alcohol. An individual experiencing this distress often does not recognize the underlying psychosocial factors or understand the relationship between these factors and his/her risk behavior. Resolving serious mental health issues is beyond the scope of this intervention. However, this module is designed to assist the participant to identify and recognize cues and symptoms of psychosocial distress; understand how psychosocial issues impact risk behavior; and, develop alternate, constructive, strategies for addressing these issues.

Project Goals

1. "HIV-infected persons will understand and address psychosocial issues that impact their ability to initiate and sustain safer behavior."

Issues

1. Exploring and identifying psychosocial issues
2. Recognizing and addressing loneliness and isolation
3. Recognizing and dealing with depression
4. Addressing environmental issues impacting risk: employment, housing, legal and economic issues
5. Linking psychosocial issues with risk behavior
6. Developing strategies for dealing with psychosocial distress
7. Identifying and accessing appropriate support and referral services

Issue Components

1. Exploring and identifying psychosocial distress

- Assess participant's perception of present and past sense of well-being
- Assess appetite, concentration, sleep pattern, mood, work/school performance
- Identify psychosocial stressors – financial issues, work, relationships, housing, family
- Identify issues that cannot be controlled by the client but impact him/her
- Assess social network & support system – friends, confidants, colleagues, family
- Distinguish what issues are long-standing from those issues that are situational or recently evolving
- Identify previous mental health treatment – medication, hospitalizations, diagnosis
- Discuss experiences with support services – clergy, counseling, groups
- Assess substance use pattern
- Discuss participant's process of dealing with HIV infection
- Identify issues that have developed since becoming HIV infected – anxiety, isolation

2. Recognizing and addressing loneliness, isolation, and interpersonal conflict

- Explore scope and duration of interpersonal relationships and conflicts

- Assess level of social activity – affiliations, hobbies, recreation, engagements
- Discuss the extent that confidences are shared with closest friends
- Assess extent that participant discusses risk/safe behavior with peers/partners
- Assess when and how participant discusses/discloses HIV status
- Identify social and interpersonal issues that contribute to isolation
- Discuss possibility that particular venues (bars, bath-house) proved little real interpersonal and social interaction
- Develop skills in obtaining companionship and support
- Explore extent participant feel's he/she is getting interpersonal needs met

3. Recognizing and dealing with depression

- Assess for symptoms of depression – appetite, concentration, sleep, helplessness, hopelessness
- Assess history of depression, diagnosis and treatment
- Determine the duration and course of depressive symptoms
- Discuss how participant has attempted to relieve depressive symptoms
- Educate about the biological nature of depression
- Educate about the seriousness and dangers of depression
- Educate about the benefits of available treatments (therapy and medication)
- Discuss the effects of drugs and alcohol on depression
- Emphasize the need for complete mental health evaluation of depression

4. Addressing environmental issues impacting risk: employment, housing, legal and economic issues

- Assess current work, school, financial and housing situations
- Identify issues associated with work, school, finances, housing that have changed or are associated with conflicts or distress
- Identify legal issues impacting the participant
- Discuss previous experiences with the criminal justice system
- Determine if any environmental issues impact the participants ability to initiate and sustain safer behaviors

5. Linking psychosocial issues with risk behavior

- Discuss participant's typical approach to dealing with psychosocial stressors
- Differentiate between issues impacting risk and issues impacting quality of life
- Determine the extent that limited social support/isolation impacts client's behavior
- Explore how participant was feeling prior to most recent risk incident
- Identify what need's participant was attempting to meet by having sex or using drugs and alcohol
- Assess participant's pattern of risk (episodic, incidental, chronic)
- Explore life-circumstances associated with pattern of risk
- Identify vulnerabilities and triggers leading to risk
- Understand feelings before engaging in sex/substance use
- Understand feelings after engaging in sex/substance use

- Identify adaptive and maladaptive approaches to dealing with psychosocial issues

6. Developing strategies for dealing with psychosocial distress

- Distinguish between psychosocial issues that need professional attention and those the participant can address with appropriate support
- Explicitly link psychosocial state to risk behavior
- Discuss the possibility that risk behavior may actually exacerbate symptoms of distress
- Identify cues to underlying psychosocial distress
- Identify alternatives to going to risky venues when experiencing psychosocial stress
- Develop approach for increasing social and peer network
- Discuss activities that have given participant pleasure in the past
- Identify an individual the participant can use as confidant and source of support
- Explore option of support group

7. Identifying and accessing appropriate support and referral services

- Assess barriers to participant's utilization of services
- Discuss previous experiences with support and referral services
- Assess participant's willingness to seek professional help, complete a referral
- Evaluate type of service or venue acceptable to participant
- Provide specific and detailed description of the referral facility and services provided
- Identify a specific contact person at the referral facility

Information

1. Some persons engage in risk behavior in and effort, conscious or unconscious, to alleviate psychosocial issues, including emotional distress.
2. Depression is a serious and life-threatening illness. There is often a biological component to depression that must be treated with the appropriate medication.
3. A previous history of major depression is often associated with recurrent depression.
4. Issues of isolation and loneliness left un-addressed will lead to risk behavior.
5. Although an individual may have a substantial social network and numerous social engagements he/she may not have anyone he/she can confide in regarding risk, being HIV infected, feelings associated with HIV infection, or emotional distress.
6. Help the participant become aware of the link between his/her psychosocial state and risk behavior is the first step in interrupting this self-destructive cycle.

Menu of Client Goals

VIII. Substance Use and Sex

Substance use/abuse will be an important topic for some clients in PCM as it may be having subtle or crippling effects on some clients' lives. However, this module does not focus broadly on the broad effects of substance abuse or treatment. Instead, the focus is on those clients for whom substance use may be related, in some way, to their sexual behaviors. Research shows a correlation between substance use and risky sex (although research has not established that substance use causes risky sex). The goal in PCM should be to explore the individual connections between substance use and sex with each client for whom this is an issue.

Project Goals

1. "HIV-positive persons will reduce overall substance use to promote better health."
2. "HIV-positive persons will develop skills to manage sex and substance use."
 - Reduce substance use before and during sex
 - Reduce unsafe sexual behaviors while under the influence."
3. "HIV-positive persons will understand the impact of substance use on their health, their immune system, and their drug-using and sexual behaviors."

Issues

1. The context of use/abuse of substances before or during sex
2. Having (safe) sex without using substances
3. Having safe sex while using drugs
4. Effects of substances on immune system and drug regimens

Issue Components

1. The context of use/abuse of substances before or during sex

- Discuss situations in which participant most often uses substances, particularly focusing on sexual situations
- Explore participant's thoughts and feelings about his or her substance use/abuse and substance use during sex
- Identify positive aspects of substance use, if any, for that person
- Identify negative aspects of substance use, if any, for that person
- Develop client goals that lead to Issue 2 and/or 3

2. Having (safe) sex without using substances

- Explore participant's reasons for mixing drugs and sex (e.g., pleasure enhancement, anxiety, habit, etc.)
- Address possible peer and community pressure to mix substances with sex
- Explore possible lack of skill or practice in having sex while sober
- Identify "triggers" that lead to substance use/abuse that may lead to sexual risk (e.g., "when I'm stressed out I drink / get high")
- Teach about "self statements" (statements we tell ourselves that help us to stay within self-defined limits or boundaries). Participants can learn to say these statements to

themselves when they are triggered (e.g., “Even if I’m stressed at work, I don’t have to go get high afterwards,”

- Review potential scenarios and role play boundary setting with self statements
- Address potential barriers to the use of self-statements (e.g., these statements can be used even when you are stressed out)
- Generate alternatives to substance use

3. Having safe sex while using drugs

- Help client identify “triggers” that lead to mixing substance use with sex (e.g., “when I’m in a sex club,” “when I haven’t seen my partner in a while”)
- Teach about “self statements”(statements we tell ourselves that help us to stay within self-defined limits or boundaries). Participants can learn to say these statements to themselves prior to risky situations and during such situations (e.g., “I don’t want to have penetrative sex when I’m drunk,” “I don’t want to get an STD from being unsafe while I’m high”).
- Review potential scenarios and role play setting boundaries through use of self statements
- Address potential barriers to the use of self-statements (e.g., these statements can be used even when you or your partner are messed up)

4. Effects of substances on immune system and drug regimens

- Discuss the participant’s ideas about the effects of substances on the immune system
- Share information about the effects of the drugs used by the participant on the immune system
- Discuss the participant’s ideas about the effects of substances on HIV drug regimens
- Share information about the effects of the drugs used by the participant on HIV drug regimens

Information

1. Substance use is associated with unsafe sex and with seroconversion (e.g., HIV-negative persons who use substance are more likely to become HIV-positive)
2. Mental health problems and substance abuse problems often co-occur (people self medicate due to depression, anxiety, social phobia, etc.). There are other ways to cope with difficult life circumstances or longstanding issues. Referral for mental health and/or substance abuse treatment may be appropriate.
3. Clients can be taught self-statements that will work, even when they are intoxicated or high (e.g., “I don’t want to have penetrative sex when I’m drunk,” “I don’t want to get an STD from being unsafe while I’m high”).
4. Substance use can damage the immune system (making opportunistic infections more likely)
5. Substance use can have a bad interaction with HIV medications.
6. Participants may identify some of the following as benefits of substance use
 - facilitation of courage or “social lubrication;” decreasing anxiety in social or sexual situations so that meeting or approaching partners is easier
 - facilitation of specific sexual acts
 - escape from stress, from HIV etc.

7. Participants may identify some of the following as negative aspects of substance use
 - willingness to engage in risky behavior
 - impairment of sexual functioning
 - impaired judgment regarding partners, sexual acts, safety
 - your partners may exhibit impaired judgment
 - physical effects on the immune system and the general health of someone who is HIV seropositive (address this issue in detail separately; see module below)

Menu of Client Goals

1. Learn to decrease maladaptive substance use and develop a network to support these changes
2. Identify “triggers” that lead to maladaptive substance use or substance use and sex and try to develop self-statements to directly address these triggers
3. Learn to limit alcohol or drug use before sex or learn alternatives when planning to have sex
4. Practice having sex without using substances, particularly if this is new behavior
5. Learn to engage in safer behavior when using substances (e.g. non-penetrative sex such as mutual masturbation, oral sex)
6. Plan to always have condoms available when under the influence and learn to use them correctly
7. Learn alternatives to having sex when drinking or using drugs
8. Learn to meet partners in new places and in new ways if substance using venues and situations are a primary outlet for seeking sex partners
9. Learn to be responsible for safer sex and to refuse unsafe sex when sex partner is abusing drugs or alcohol (the partner may be engaging in activities that are dangerous to him/her or the client that s/he wouldn't have if s/he was sober or not high).

Referrals and Resources for Providers

- Substance Abuse treatment, 12-step meetings etc.
- Mental health providers in the area
- Seek up-to-date information about specific effects of various drugs and alcohol on the immune system and about interactions between substances and HIV treatments

IX. Injection Risk Behavior

Injection drug users are capable of reducing high-risk behavior and maintaining adherence to HIV treatment regimens if they are given realistic support, the right information, and access to the right materials.

Project Goals

1. “HIV positive injection drug users that continue to inject substances will use new/sterile syringes.”
2. “HIV-positive injection drug users will not share syringes or needles.”
3. “If they choose to share, HIV-positive injection drug users will clean their outfit every time before sharing.”
4. “HIV-positive injection drug users will develop skills to manage their drug use to reduce the likelihood of sharing contaminated syringes and needles.
5. “HIV-positive injection drug users will understand their drug use in terms of its impact on their health and relationships.”
6. “HIV-positive injection drug users will understand their drug use in terms of its relationship to high-risk sexual behaviors.”
7. “HIV-positive injection drug users will use condoms with their HIV negative sexual partners.”

Issues

1. Access to and retention in treatment services
2. Understanding injection drug use pattern and risk
3. Access to new, sterile syringes, needles and cleaning materials
4. Lack of knowledge/skill of cleaning technique and safe injection technique
5. Access to safe shooting environment
6. Social factors and needle sharing
7. Substance use and unsafe sex and dealing with the sexual transmission of HIV
8. Substance use and adherence, medication interactions, and general health

Issue Components

- 1. Access to and retention in treatment services**
 - Convey to the IDU participant that his/her well being is important, even if he/she is actively using and remaining in risky environments. “We realize that you are using, and may not be sure you are ready to stop. We still want you to take care of yourself, and will help you to do that.”
 - Include safe injection technique information in the discussion. Let the participant know that you are interested in his/or health *even when this means helping them to inject drugs properly.*
 - Discuss and provide information sheets on: overdose management, safer injection techniques, abscess care, interactions between recreational drugs and HIV medication, proper use of bleach for cleaning, locations for obtaining safer injection materials and provide resource referrals.

2. Understanding assessment of injection drug use, history, pattern and risk

- Discuss participant's current life circumstances and the role of substance use in this context
- Assess injection history and current patterns of use
- Assess non-injection substance use and pattern of use
- Explore participant's comfort with his/her level of substance use
- Identify previous attempts to reduce or eliminate substance use – where, what, why, when, how
- Determine previous experiences with substance abuse treatment (inpatient, outpatient, 12-Step programs).
- Identify supports and challenges in previous reduction attempts or treatment experiences
- Assess interest in reduction or elimination of drug use
- Discuss participant's attitudes towards substance abuse treatment programs
- Identify supports and challenges should participant attempt to reduce substance use or enter treatment program
- Assess participant's pattern of injection equipment use – new needles, exchange, clean re-use, sharing
- Define the situations in which the participant practices safer injection behavior and circumstances that result in risky injection behavior
- Assess for co-existing mental disorder (depression, paranoia, mania etc.)
- Explore possibility that participant is using injection drugs to self-medicate symptoms of a co-existing mental disorder.

3. Access to new, sterile syringes or to cleaning materials

- Assess participant's methods of obtaining injection equipment
- Discuss the importance of new, sterile syringes for each injection
- Identify obstacles to the use of new, sterile syringes and injection equipment
- Explore needle exchange or new needle resources/options
- Discuss participant's experience with local community programs that provide clean injection materials (cottons, alcohol wipes, bleach, pocket-sized containers for bleach or water, etc.).
- Explore bulk purchases and IDU buyer's club for obtaining injection materials
- Provide bleach and sterile water in appropriate containers
- Provide information and resources as needed

4. Lack of knowledge/skills of proper cleaning and safe injection techniques

- Assess participant's knowledge of proper cleaning and safe injection techniques
- Assess environmental barriers to the availability/use of bleach and water where participant injects
- Provide clean needle, syringe, bleach, and water, and ask participant to show how he/she typically prepares to inject
- Review and practice proper cleaning techniques.
- Discuss that cleaning does is not as effective in killing Hepatitis C as HIV
- Emphasize that safe cleaning requires 2 minutes of disinfectant
- Identify obstacles to using proper cleaning technique

- Tailor injection/cleaning strategies and techniques to the participant's needs and circumstances
 - Provide instructions on safe injection techniques, including sterile injection techniques, vein care, and abscess prevention
- 5. Access to safe shooting environment**
- Explore range of venues where participant injects
 - Determine venues where there is/ is not sharing of needles
 - Identify environmental factors which support use of new, sterile syringes or proper cleaning techniques (safety, time, peer support, type of drug, relationship with other injectors)
 - Explore environmental factors which discourage use of new, sterile syringes or proper cleaning techniques (as above, and use of alcohol, symptoms of withdrawal)
 - Assess whether participants has a safe place to keep injection equipment
 - Assess participant's comfort/ability to carry injection equipment with him/her
 - Strategize how to increase the likelihood the participant will shoot up in an environment that permits proper cleaning techniques
- 6. Social factors and needle sharing**
- Assess participant's sharing pattern – friends, partners, strangers
 - Assess environmental barriers to the availability/use of bleach and water where participant injects
 - Explore social and peer issues that support/deter new, sterile/clean needle use and proper cleaning techniques
 - Discuss participants perceptions of the serostatus of sharing partners
 - Discuss participant's feelings about talking with partner(s) about safer injection behavior
 - Assess participant's perception of the potential for violence or coercion as possible barrier to cleaning outfits prior to sharing
 - Role play with participant a potential non-threatening approach to engaging partner in reducing risky injection behavior
- 7. Substance use and unsafe sex and dealing with sexual transmission of HIV**
- Assess impact of injection drug use and frequency and type of sexual encounters
 - Assess relationship between drug use and safe/unsafe sexual behavior
 - Discuss risk of acquiring STDs.
 - Discuss experience and comfort using condoms
 - Discuss communication with partners about serostatus
 - Discuss participant's feelings about talking with partner(s) about safer sex
 - Assess participant's perception of the potential for violence or coercion as possible barrier to using condoms
 - Role play with participant a potential non-threatening approach to engaging partner in reducing risky sexual behavior
- 8. Substance use and adherence/interactions with HIV treatments**
- Discuss participant's assessment of how his/her drug use affects his/her ability to maintain

adherence to medical regimens.

- Assess participant's commitment to taking HIV medications
- Identify how injection patterns may support adherence (for example, does he/she remember to take a medication because it is at the same time as the first injection of the day?)
- Identify how injection behavior results in non-adherence to medication and medical appointments
- Develop triggers/cues to improve adherence
- Identify person(s) to support adherence to daily medication regimens
- Strategize specific and realistic steps that the participant can take to begin to increase his/her ability to adhere to treatment.
- Assess participant's beliefs regarding the interaction of their drug of choice with HIV medications.
- Discuss rumors among IDUs about HIV medications decreasing the effect of injection drugs and other street drugs
- Provide current information about the interactions between various injection drugs and HIV treatments, and about the effects of various injection drugs on the immune system.
- Discuss risks of acquiring or transmitting Hepatitis B and C.
- Encourage participant to access Hepatitis testing, treatment and care

Information

1. Actively engaging injection drug users in services is more effective when using an approach based on the principles of harm reduction rather than abstinence.
2. Many users will express no interest in abstinence or "recovery"; staff will need to work effectively with these participants in preventing HIV transmission. The balance between conveying acceptance of the participant's current choices around drug use, while maintaining hope that the participant may change, is a delicate one.
3. Even if a user is interested in entering treatment, treatment slots are often not available when the participant is ready to enter treatment.
4. Many users are already suspicious of health care and social service systems; they will disappear, or participate only marginally, if they believe that the main focus of program staff is to get them to go to treatment or stop using drugs.
5. Bleach and proper cleaning techniques is clearly an intervention to be used when injection drug users do not have new, sterile syringes, however proper cleaning requires at least 2 minutes of disinfectant and studies indicate that the average cleaning time is 18 seconds.
6. Most injection drug users are likely to be infected with Hepatitis B and C.
7. Hepatitis C is readily transmitted through injection drug use and bleaching and cleaning works is not as effective in killing Hepatitis C as it is in killing HIV.
8. There may be an intense association between drug use (particularly methamphetamine) and sex. It becomes difficult to separate the sexual issues from the drug issues. Both must be addressed concurrently and directly.

Menu of Participant Goals

1. Develop resource for obtaining new, sterile syringes
2. Learn and practice proper cleaning techniques for outfits
3. Learn to recognize situations, thoughts, and feelings leading to unsafe sex associated with using

drugs

4. Develop and practice specific strategies to enhance safer sexual behavior when using drugs
5. Learn to recognize situations, thoughts, and feelings likely to lead to sharing outfits without cleaning them first
6. Develop and practice specific strategies to cope with “triggers” described above
7. Develop and practice specific strategies to increase adherence to HIV-related treatments within the context of substance use patterns

Referrals and Resources for Providers

- Local Needle exchange programs (NEPs)
- North American Syringe Exchange Network (<http://www.nasen.org>) - website includes links to other syringe exchanges and sites with related information
- Seek out information with practical use for IDU participants: overdose management, abscess prevention and treatment, safer injection techniques, etc.
- Hepatitis C testing and medical assessment

X. Reproductive Health and Decisions

Project Goals

1. “HIV infected persons will understand reproduction issues and be able to make informed decisions regarding reproductive health.”
2. “HIV infected persons will make reproductive choices that do not transmit the virus to either their reproductive partners or future children.”

Issues

1. HIV diagnosis during pregnancy and unplanned pregnancy in HIV+ women
2. Belief in reproduction as a part of identity (man/woman-father/mother)
3. Perceived gains of reproduction (someone to love me, take care of me when I get sick, legacy/immortality, monetary/social services)
4. Planned pregnancies and families
5. Sterilization and contraception
6. Medical support (see Medical Care and Adherence Module)

Issues Components

- 1. HIV diagnosis during pregnancy and unplanned pregnancy in HIV+ women**
 - Assess client’s ability to take in information and make informed decisions.
 - Educate client about her HIV status, (does her viral load indicate a new or older infection?) and gestation (before 12 weeks? After 30 weeks?)
 - Explore feelings and beliefs regarding abortion, cesarean delivery, exposing fetus to anti-retrovirals, custody and permanency plans, breastfeeding, routine testing of children, long term care of the child.
- 2. Belief in reproduction as a part of identity (man/woman-father/mother)**
 - Discuss feelings about self-identity and roles of parents.
 - Explore possibly conflicting feelings around choosing not to reproduce and belief in reproducing as a realization of identity.
 - Review cultural /family-based assumptions around procreation.
 - Discuss beliefs about other means of becoming a parent– artificial insemination, “sperm washing”, unprotected intercourse, adoption, surrogates, foster parenting.
- 3. Perceived gains of reproduction (someone to love me, take care of me when I get sick, legacy/immortality, monetary/social services)**
 - Review client’s experience with reproduction and perceived impact.
 - Review social support, psychosocial assessment and/or module.
 - Explore attitudes and feelings around the future and their place in it.
- 4. Planned pregnancies and families**
 - Discuss the mechanics of reproduction and the impact of HIV infection – vertical transmission, sexual transmission, and reinfection.

- Discuss beliefs about choices – artificial insemination, “sperm washing”, unprotected intercourse, adoption, surrogates, foster parenting.
- Explore attitudes around controlling fertility.
- Develop a legal “permanency” plan

5. Sterilization and contraception

- Review experiences and beliefs about contraception and/or sterilization.
- Educate on current contraceptive options and sterilization and the impact of HIV, anti-retroviral therapy, and side effects.

6. Medical support (see Medical Care and Adherence Modules)

- Review current medical support and prenatal services.
- Explore feelings of a “medicalized” pregnancy.
- Coordinate OB/midwifery/prenatal services with HIV care providers.

Information

1. Clients will differ in regards to who should be included in reproductive decision-making and may want family members included.
2. Clients should be asked about personal safety (domestic abuse assessment?)
3. Know your resources! UCSF provider line, national fertility info, perinatologists, current treatment recommendations, access to abortion, . . .
4. Clients may need legal services relating to permanency plans, custody/placement issues, charges of intentional HIV exposure, court mandated treatment, . . .

Menu of Goals

1. Develop understanding of issues to make informed reproductive decisions.
2. Develop skills and the access to services to support client’s reproductive choice.
3. Identify obstacles to making informed reproductive choices.
4. Enhance client’s support system that will validate client’s reproductive choices.

XI. Medical Care – Access, Assessment and Monitoring

Project Goal

1. “HIV infected persons will have a baseline medical assessment as soon after diagnosis with HIV infection as possible.”
2. “HIV infected persons will have an identified primary care provider who is aware of the participants HIV infection.”
3. “HIV infected persons will understand treatment issues and be able to make an informed treatment decision.”
4. “HIV infected persons (on or off treatment) will have routine evaluation (every six months) of viral load and immune functioning.”
5. “Sexually active HIV infected persons will have a baseline assessment for STDs, including Hepatitis A, B and C, tuberculosis, and reproductive health.”
6. “Sexually active HIV infected persons will have routine evaluation for STDs.”

Issues Medical Care:

1. Denial and the desire to avoid medical care
2. Finding a physician and telling him/her about HIV infection
3. Dealing with viral load and immune system test results
4. Weighing treatment decision and options
5. Dealing with the long term challenges and the chronic nature of HIV infection (“the rest of my life”)

Issues Components

1. Denial and the desire to avoid medical care

- Explore feelings about obtaining medical care and seeing a physician
- Discuss consequences of delaying a medical assessment
- Address feelings of fatalism or inevitability of illness
- Educate participant about the necessity of a baseline assessment and routine viral/immune monitoring

2. Finding a physician and telling him/her about HIV infection

- Assess past experiences with physicians
- Address Insurance issues and medical costs concerns
- Explore and discuss confidentiality issues and concerns
- Identify preferences and qualities participant would like in a physician
- Discuss effective communication between provider and patient
- Develop participant’s ability to act as self-advocate

3. Dealing with viral load and immune system test results

- Explore the feelings associated with getting test results - great expectations and the roller coaster
- Address prevention issues – continued infectiousness even if told “undetectable”

4. Weighing treatment decision and options

- Explore participant's feelings about starting or changing antiviral medication
- Anticipate changes in lifestyle and challenges of adherence associated with treatment
- Weigh advantages and disadvantages of starting treatment
- Address option of participating in clinical trials and associated advantages/disadvantages
- Identify medical and advocacy resources for additional information
- Discuss importance of commitment to adherence should patient initiate treatment
- Explore interest in and options of alternative treatments

5. Dealing with the long term challenges and the chronic nature of HIV infection

- Explore feelings associated with "dealing with HIV for a lifetime"
- Discuss evolving feelings and attitudes about being HIV infected
- Address the roller coaster of hope and despair
- Discuss realistic potential for scientific and medical advances
- Identify support and resources for coping with HIV over the long and short term

Information

1. It is important for all HIV infected persons to have a primary care physician and to have baseline viral load testing and immune function testing as soon after diagnosis of HIV infection.
2. Routine monitoring of viral load can help persons decide on treatment and may indicate a need for resistance testing or a change in treatment regimen.
3. A result indicating the HIV virus is "undetectable" in the blood does not indicate that the virus has been eradicated and or that the person can not transmit the virus. Even with an "undetectable" viral load the virus can be transmitted through unsafe sex and drug behaviors. The viral load in the blood does not reflect the viral load in blood, semen or other bodily fluids.

Menu of Client Goals

1. Identify a primary care provider and make an appointment for a baseline assessment.
2. Initiate and maintain routine, every 6-month, follow-up for viral load and immune function tests.
3. Review treatment options and make treatment decision.
4. Get support for dealing with medications and periodic test results.
5. Remain vigilant to risk reduction even if viral load is "undetectable."

XII. Adherence to Treatment and Care

Project Goal

1. “HIV infected persons receiving antiviral treatment will adhere to treatment regimens.”
2. “HIV infected persons deciding to change or discontinue antiviral treatment will do this in consultation with their physician and be supported to do so in a manner which reduces the potential for resistant virus to emerge.”

Issues

1. Initiating treatment and developing plan to ensure adherence
2. Forgetting and skipping doses
3. Medication holidays
4. Shame and secrecy about HIV infection (hiding medication)
5. Ambivalence about taking antiviral medications
6. Consistently negative viral loads decreasing participant’s interest in taking medication/risk reduction
7. Substance use and difficulty taking medications
8. Deciding to discontinue medication completely
9. Exploring alternative treatments

Issue Components

1. Initiating treatment and developing plan to ensure adherence

- Assess patient’s feelings and concerns about initiating treatment
- Anticipate initial and prolonged side-effects
- Address lifestyle changes required for adherence
- Develop plan optimize adherence – identify support, reminders, integrate into routine

2. Forgetting and skipping doses

- Assess reasons for missed doses (forgot, tired, left medication behind, embarrassed, difficult situation, vacation)
- Identify pattern of missed doses
- Identify triggers for skipping doses
- Discuss implications of missing medication (resistance, viral rebound)
- Develop plan to improve adherence – identify support, reminders, integrate into routine
- Explore feelings of fatigue and indifference about medication

3. Medication holidays

- Assessed decision for holiday or circumstance of unplanned holiday
- Explore treatment fatigue/indifference
- Discuss implications of taking a drug holiday
- Discuss alternatives to drug holiday
- Weigh concerns about resistance and re-evaluate treatment decision

4. Shame and secrecy about HIV infection (hiding medication)

- Identify persons the participant is most and least comfortable knowing about his/her HIV infection
- Explore the participant's anticipated reactions of others to his/her disclosure/openness of taking HIV antiviral
- Identify support resources (friends, treatment groups) for discussing feelings associated with HIV treatment

5. Ambivalence about taking antiviral

- Explore feelings that medication is an unpleasant and constant reminder of HIV infection
- Identify concerns and issues related to taking medication
- Discuss the challenge of taking medicine when feeling well
- Address concerns about changes in appearance and other side effects of the medication

6. Consistently negative viral loads decreasing participant's interest in taking medication/increasing risk behavior

- Explore participant's understanding of the meaning of his/her test results and the connection with missing doses or drug holiday
- Address prevention issues – continued infectiousness even if told “undetectable”

7. Substance use and difficulty taking medications

- Assess extent to which substance use impairs adherence
- Develop harm reduction approach so substance use does not impact HIV treatment
- Discuss medication interactions
- Address the effect of alcohol/drugs on antiviral medications

8. Deciding to discontinue medication completely

- Weigh the alternatives
- Explore feelings of fatigue and indifference about medication
- Educate about conferring with physician and the need for a planned decision and coordination with viral/immune monitoring

9. Exploring alternative treatments

- Address the range of alternative treatments (herbal remedies, acupuncture, spirituality, wellness, relaxation)
- Explore participant's feelings about alternative treatment options
- Address balance between alternative treatments and conventional medical care
- Identify and provide referral to alternative treatment resources

Information

1. When doses of medication are missed the optimal level of drug in the body drops and this provides opportunity for the virus to change/mutate and become resistant to the drugs taken to

suppress the HIV.

2. An individual may have a virus that is resistant to one, two or three classes of antiviral drugs.
3. A substantial increase in viral load indicates that there is some drug resistance. Once resistance is established the drug that the virus is resistant to will be less effective, sometimes ineffective and alternative treatments may need to be evaluated.
4. A viral load test result indicating the HIV virus is “undetectable” in the blood does not indicate that the virus has been eradicated and or that the person can not transmit the virus. Even with an “undetectable” viral load the virus can be transmitted through unsafe sex and drug behaviors. The viral load in the blood does not reflect the viral load in blood, semen or other bodily fluids.
5. A virus that is resistant to specific drugs may be transmitted sex and needle sharing. The person infected with a resistant virus may have resistance to some of the antiviral prior to ever taking any medication.
6. Most experts believe that it is better to stop treatment all together (in consultation with your physician) then to miss doses or take drug holidays

Issue Based Goal

1. Make treatment decision.
2. Find a treatment advocate and discuss issues and concerns.
3. Select treatment option in consultation with physician that has a regimen that is acceptable and reasonable to my lifestyle.
4. Develop specific plan to ensure adherence to medications. Include back-up plan for special situations, weekends, holiday’s etc.
5. Identify triggers and vulnerabilities for missing doses or drug holidays.
6. Do not miss doses or take drug holiday.
7. Continue risk reduction when viral load is undetectable.
8. Identify support person for discussing treatment concerns and issues
9. Explore alternative treatment choices.
10. Engage in a wellness activity (exercise, meditation, nutrition).