



## Memorandum

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**TO:** All DSHS HIV/STD Prevention Contractors Implementing Prevention Counseling (PCPE) and Prevention Case Management (PCM)

**FROM:** HIV/STD Comprehensive Services Branch

**DATE:** April 6, 2005

**SUBJECT:** Risk Reduction Plans

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Risk Reduction *Plan* and Risk Reduction *Steps* have long been a part of our collective prevention language. While the terms are often used in place of one another, this interchangeable usage is not correct, as each carries its own distinct meaning. This bulletin seeks to define the terminology, and shed some light on how a good *plan* is put together.

A core element of PCM is the Risk Reduction Plan. Components of a Risk Reduction *Plan* include:

1. Long-term goals
2. Short-term goals
3. Strategy or Activity Steps

### Long-Term Goals

Long-term goals are based on the identified behavioral risk(s). One good measure for successful discharge is attainment of at least Action on a long-term goal. From the Stages of Change model, Action is defined as the client trying or engaging in the new behavior for a period of less than six months.

### Short-Term Goals

The short-term goals may be based on the identified behavioral risk(s) or factors influencing the behavior. Short-term goals should be an outline for the various paths to attainment of a long-term goal. Example: Your friend learned he has diabetes, and the doctor told your friend to change his diet to lower his blood sugar.

Long-term goal- Lower blood sugar level

Short-term goals- Gain knowledge and skills to eat healthier

Eat healthier

Test daily to measure blood sugar levels

Granted, all short-term goals need to be written in the SMART format. (SMART is Specific, Measurable, Appropriate, Realistic, and Time-phased). Yet one can see how the short-term goals link together in achieving the long-term goal. The next move is to decide which short-term goal (or possibly *goals*) to work on first.

### Strategy or Activity Step

The strategies or activities are more commonly referred to as the risk reduction *step*. Steps are written in client language, and in the SMART format. Steps should be small, incremental activities. In PCM, a series of steps successfully implemented over several sessions lead to the completion of one or more short-term goals.

While some steps may be worked on or achieved in a session, many steps are constructed as homework for the client between sessions. Sometimes steps can involve thought processes rather than actions. Example - "During the next week, I will think about 3 ways I could bring up condoms with the guys I date."

**Risk Reduction Specialists conducting the 2-session Prevention Counseling or 1-session (with Rapid Testing) Prevention Counseling would not facilitate a full-fledged risk reduction plan with their clientele. Prevention Counseling is grounded in the risk reduction *step*, and risk reduction specialists should construct only 1-2 steps with each client.** Note: All guidelines will be revised to reflect this clarification.

### Logic Models

A logic model must be created for each client that clearly shows the risk, the identified factor influencing behavior, SMART steps and behavior change goals. The Risk Reduction Plan format provided in the course, "Let's Get Centered" is a logic model.

### Plan Examples

Jamal meets guys over the Internet, and has sex in public places, usually 3-4 times a week. He does not know the names of any of his partners and has never used a condom.

Long-Term Goal: Reduce risk around sexual encounters.

Short-Term Goal: Over the next 30 days, I will reduce the number of people I have sex with that I don't know.

Over the next 60 days, I will increase the number of safe spaces where I have sex.

Over the next 90 days, I will increase my condom use.

Activity Steps: Over the next week, I will ask all of my hook-ups their name.

During the next week, I will not go to the park.

Cassandra is part of a small group of friends who get together a couple of times during the week to party and have sex. The group has traditionally smoked, but last week two members started shooting up.

Long-Term Goal: Stop using drugs

Short-Term Goal: In 90 days, I will enter drug treatment.

Over the next six months, I will find new friends to hang out with.

Over the next 30 days, I will learn skills to better deal with my triggers to using.

Activity Steps: At least once during the next week, when my friends call me to come over and use, I will tell them I'm busy.

During the two weeks, if offered a rig to shoot up, I'll say I prefer to smoke.

It is imperative all goals and steps come from the client, or are decided upon with the client. Cassandra might have said to her prevention case manager, "I probably should use condoms, but I'm really scared about shooting up, and can't do two things right now". Risk Reduction Plans are meant to be fluid contracts, with revision as a key ingredient. The prevention case manager would not abandon the sexual risk of Cassandra; it may require a few sessions or a month to go by, before long and short-term goals in this area can be agreed upon and to develop a sexual risk reduction plan.

(Note: Documentation of these discussions **must** appear in case notes).

In the coming months, all of us will need to shift our language to reflect this clarification of terms. If you have any questions about the information contained within this technical assistance bulletin, please contact your Field Operations Consultant or Regional staff person.