

**RISK REDUCTION SELF-ASSESSMENT: FOLLOW-UP SESSION
FOR NEGATIVE HIV AND/OR HCV RESULTS (OPTIONAL)**

Risk Reduction Specialist:		Observer:	
Session Date:		Site/Location:	
Start Time:	End Time:	Total Time:	
Did you also do the initial counseling for this client? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Instructions: Using your *Session Evaluation Notes*, please check the *Met* column to show that the area was covered satisfactorily during the session. Check the *Part Met* column to show that you tried to cover a topic but need improvement and check the *Not Met* column to show that you did not try to cover the topic at all. Check the *N/A* column if the topic was not applicable. Use the *Comments* area to give more detail.

1. Orient To Session and Provide Test Result(s)	Met	Part Met	Not Met	N/A
1. Introduce yourself to client (<i>if first meeting with client</i>).				
2. Re-explain confidentiality.				
3. Verify that the result belongs to the client.*				
4. Assess client's readiness to receive result.*				
5. Provide result clearly and simply.*				
6. Review meaning of the result.* Explore client's understanding of result.*				
7. Assess client's reaction to result.*				
8. <i>If applicable</i> , note the need to consider re-testing in reference to most recent risk exposure.*				
9. <i>If applicable</i> , refer to any STD diagnosis in context of client's risk for HIV.				

Did you provide result(s) according to standards?
 Yes Tried to, but needs improvement Didn't try
 Comments:

** If you are giving results for both HIV and HCV in the session, the tasks marked with an asterisk (*) should be completed separately for each result. Ask the client which result s/he would like to receive first and then complete tasks marked with an asterisk before completing the tasks a second time with the next result. Note: Use 3 months since last exposure for HIV and 6 months since last exposure for HCV.*

2. Review Risk-Reduction Step	Met	Part Met	Not Met
1. Review step with the client.			
2. Assess the client's success in trying out the RR step. Assess recent risk since initial.			
3. Identify supports and barriers to the RR step.			
4. Problem-solve issues concerning the step.			
5. Provide encouragement and support for client's RR efforts.			
Did you review the prior RR step? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try Comments:			

3. Revise Risk-Reduction Step	Met	Part Met	Not Met
1. Recognize the challenges of behavior change.			
2. Revise or develop a new SMART step with the client.			
3. Identify/clarify actions toward achieving step and/or problem-solve issues related to the step.			
4. Identify support for achieving step.			
5. Confirm the client's commitment to the step.			
6. Document the revised RR step with a copy to the client.			
Did you help the client develop a realistic RR step? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try Did the step address HIV/STD/HCV risk? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the step appropriate to the client's risk? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the step SMART? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the step work from the client's strengths? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			

4. Identify Sources of Support and Provide Referrals	Met	Part Met	Not Met	N/A
1. Assess client's support.				
2. <i>If applicable</i> , follow up on referrals provided at previous session.				
3. <i>If applicable</i> , address longstanding or hard-to-manage issues contributing to risk.				
4. <i>If applicable</i> , assess the client's willingness to seek professional help and use a referral.				
5. <i>If applicable</i> , evaluate what types of referral the client would be most receptive to.				
6. <i>If applicable</i> , provide appropriate referrals.				
7. <i>If applicable</i> , help client access referral services.				
Comments:				

5. Summarize and Close the Session	Met	Part Met	Not Met
1. Review any future appointments.			
2. Reaffirm client's work and provide encouragement for pursuing RR.			
3. Review client and RRS contact information.			
4. Address final questions; close the session.			
Did you provide an appointment for re-testing and reminders? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try <input type="checkbox"/> Not Applicable Comments:			

Instructions: For the following section, mark those elements and components you used well in the first column, the skills you used adequately in the second column, the skills you need improvement on in the third column, and those that did not apply in the last column.

6. Use of Counseling Elements and Components	Met	Part Met	Not Met	N/A
1. Kept client's emotional status in mind.				
2. Maintained focus on RR.				
3. Redirected client when necessary.				
4. Used open-ended questions.				
5. Used active listening techniques.				
6. Gave information simply.				
7. Was nonjudgmental.				
8. Offered options, not directives.				
9. Provided opportunities for client to build skills.				
10. Supported client.				
11. Summarized and closed the session.				
Comments:				

1. What things interfered with or supported the RR session (e.g. setting, interruptions)?

2. What did you do that enhanced the quality and outcome of the session?

3. What could be improved about your work in this session?

4. Describe your use of the protocol.

5. Did you follow the goals in the correct order? Yes No If not, why not?

6. Is there a need for an action plan for further improvement of your work? Yes No If yes, please describe.