

RISK REDUCTION SELF-ASSESSMENT: INITIAL SESSION FOR RAPID TEST (OPTIONAL)

Risk Reduction Specialist:		Observer:	
Session Date:		Site/Location:	
Start Time:	End Time:	Total Time:	

Instructions: Please check the *Met* column to show that the area was covered satisfactorily during the session. Put a check in the *Part Met* column to show that you tried to cover a topic but need improvement, and put a check in the *Not Met* column to show that you did not try to cover the topic at all. Put a check in the *N/A* column if the topic was not applicable (e.g. testing information for clients not testing). Use the *Comments* space to give more detail.

1. Introduce and Orient Client to the Session	Met	Part Met	Not Met
1. Introduce yourself to client.			
2. Explain your role as a RRS.			
3. Indicate the duration of the session.			
4. Outline content of session (exploration of HIV/STD/HCV risks; identification of challenges to RR; discussion of strategies to reduce risk).			
5. Introduce idea of referrals.			
6. Introduce concept of confidentiality.			
7. Address immediate questions and concerns.			
Comments:			

2. Support Test Decision and Introduce HIV Rapid Test	Met	Part Met	Not Met	N/A
1. <i>If applicable</i> , discuss cost/benefit of testing at this time.				
2. Address the anticipated feelings and strategies for coping with test results.				
3. Review the rapid test process.				
4. Review meaning of possible test results.				
5. Explore the relationship between testing and risk behavior.				
6. <i>If applicable</i> , present anonymous and confidential testing options (<i>this option is available for HIV only</i>).				
7. <i>If testing</i> , introduce partner elicitation.				
8. Address immediate questions.				
Comments:				

3. Enhance Client's Self-Perception of Risk	Met	Part Met	Not Met	N/A
1. Discuss reason for visit.				
2. Fully identify and listen for behaviors that are putting the client at risk for HIV/STD/HCV.				
3. Direct client's attention toward risk behavior.				
4. Discuss number of sex and/or needle sharing partners in the past year.				
5. Assess client's level of concern about having/acquiring HIV/STD/HCV.				
6. Discuss client's test history and behavioral changes in response to previous tests.				
7. <i>If previous HIV test result was negative</i> , assess if client engages in risky behavior because of previous negative HIV test result(s).				
8. Identify and address examples of mixed feelings and/or conflict between client's beliefs and behaviors.				
Comments:				

4. Explore the Specifics of Most Recent Risk Incident	Met	Part Met	Not Met
1. Explore who, what, where, when, how of most recent risk exposure.			
2. Assess level of risk acceptable to the client.			
3. Assess communication about sexually transmitted or blood borne infections with partners.			
4. Identify circumstances or situations that contribute(d) to risk behavior.			
5. Identify vulnerabilities and triggers to the risk behavior incident.			
6. Assess client's patterns of risk behavior (chronic, episodic, incident).			
7. Identify and address examples of mixed feelings about RR and/or conflict between beliefs and behavior.			
Comments:			

5. Review Previous Risk-Reduction Experiences	Met	Part Met	Not Met
1. Identify successful attempts at RR.			
2. Identify obstacles to RR.			
3. Explore triggers/situations that increase the likelihood of high-risk behavior.			
4. Explore client's communication with friends/partners about risk.			
5. Discuss client's level of acceptable risk.			
6. Identify and address examples when client's beliefs and behavior are at odds or examples when feelings are mixed about RR.			
7. Explore client's perception of community and peer norms related to RR and encourage the client to state his/her attitudes and beliefs about risk behavior.			
Did the RRS review and support previous RR experience? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try Comments:			

6. Summarize Risk Incident and Risk Pattern	Met	Part Met	Not Met	N/A
1. Summarize the information the client has provided.				
a. Provide feedback to client concerning his/her risk for HIV/STD/HCV.				
b. Note any frequency (pattern) of risk behavior.				
c. Identify key triggers/vulnerabilities.				
d. Place risk behavior in the larger context of client's life.				
2. <i>Using identified risk</i> , address examples when client's beliefs and behavior are at odds or when feelings are mixed about changing behavior.				
3. <i>If applicable</i> , convey concern and urgency about client's risks.				
4. Encourage and support the client in addressing risk issues.				
5. Inform client of next step in the process.				
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.

7. 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 nonjudgemental.				
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 risk reduction session (e.g. setting, interruptions)?

2. What things enhanced the quality and outcome of the session?

3. What things could have been done better in this session?

4. Describe your use of the protocol.

5. Did you follow the goals in the correct order? ___ Yes ___ No If no, describe why.

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